

SERFF Tracking Number: CFAP-128226313 State: District of Columbia

Filing Company: CareFirst BlueChoice, Inc. State Tracking Number:

Company Tracking Number: 1768

TOI: HOrg02I Individual Health Organizations - Health Maintenance Sub-TOI: HOrg02I.005D Individual - HMO (HMO)

Product Name: DC HMO HB 3.0

Project Name/Number: 1768_DC HMO HB 3.0 /1768

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
CareFirst BlueChoice, Inc.	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
	Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS
	Covered Lives:							
	Policy Holders:							

SERFF Tracking Number:	CFAP-128226313	State:	District of Columbia
Filing Company:	CareFirst BlueChoice, Inc.	State Tracking Number:	
Company Tracking Number:	1768		
TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)	Sub-TOI:	HOrg02I.005D Individual - HMO
Product Name:	DC HMO HB 3.0		
Project Name/Number:	1768_DC HMO HB 3.0 /1768		

Rate Review Details

COMPANY:

Company Name:	CareFirst BlueChoice, Inc.
HHS Issuer Id:	86052
Product Names:	HealthyBlue 3.0 HSA \$1500, HealthyBlue 3.0 HSA \$3000, HealthyBlue 3.0 HSA \$4000, HealthyBlue 3.0 HSA \$5000

Trend Factors:

FORMS:

New Policy Forms:	DC/CFBC/HBADV/IEA (7/12), DC/CFBC/DB/HBADV/DOCS (7/12), DC/CFBC/DB/HBADV/SOB (7/12), DC/CFBC/DB/HBADV/IPP (7/12), DC/CFBC/DB/HBADV/RX (7/12), DC/CFBC/DB/HBADV/CHILD ELIG (7/12)
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Affected Forms:

Other Affected Forms:	DC/CFBC/DOL APPEAL (R. 9/11), DC/BCOO/VISION (R. 10/11), DC/CFBC/DB/HB ELIG (R. 2/11), DC/CFBC/DB/HB/COUNTER (2/11), DC/CFBC/DB/HB MED UND (2/11)
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REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Quarterly
Member Months:	0
Benefit Change:	None
Percent Change Requested:	Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium:	0.00
Total Incurred Claims:	0.00
Annual \$:	Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking Number: CFAP-128226313 *State:* District of Columbia
Filing Company: CareFirst BlueChoice, Inc. *State Tracking Number:*
Company Tracking Number: 1768
TOI: HOrg02I Individual Health Organizations - Health Maintenance Sub-TOI: HOrg02I.005D Individual - HMO
(HMO)
Product Name: DC HMO HB 3.0
Project Name/Number: 1768_DC HMO HB 3.0 /1768

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual \$: Min: 157.62 Max: 157.62 Avg: 157.62

SERFF Tracking Number: CFAP-128226313 State: District of Columbia
 Filing Company: CareFirst BlueChoice, Inc. State Tracking Number:
 Company Tracking Number: 1768
 TOI: HOrg02I Individual Health Organizations - Sub-TOI: HOrg02I.005D Individual - HMO
 Health Maintenance (HMO)
 Product Name: DC HMO HB 3.0
 Project Name/Number: 1768_DC HMO HB 3.0 /1768

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	1768_DC HMO HB 3.0 - Rate Filing	DC/CFBC/HBAD New V/DOCS (7/12), DC/CFBC/HBAD V/SOB (7/12), DC/CFBC/HBAD V/IEA (7/12), DC/CFBC/DB/CH ILD ONLY ELIG (R. 7/12), DC/CFBC/DB/HB ADV/RX (7/12), DC/CFBC/DB/HB ADV/IPP (7/12)			1768 DC BC HB 3.0 - Rate Filing - Revised 5-16- 12.pdf

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO

District of Columbia

Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx

Rate Filing # 1768
Rate Filing

Effective 8/1/2012

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Rate Filing # 1768
Actuarial Memorandum
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CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Form Numbers

DC/CFBC/HBADV/DOCS (7/12)
DC/CFBC/HBADV/SOB (7/12)
DC/CFBC/HBADV/IEA (7/12)
DC/CFBC/DB/CHILD ONLY ELIG (R. 7/12)
DC/CFBC/DB/HBADV/RX (7/12)
DC/CFBC/DB/HBADV/IPP (7/12)

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$220.20**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$121.11	-	-	-
6-18 **	\$107.90	\$211.39	\$215.80	\$288.46
19-20	\$160.75	\$312.68	\$319.29	\$429.39
21	\$160.75	\$312.68	\$319.29	\$429.39
22	\$160.75	\$312.68	\$319.29	\$429.39
23	\$160.75	\$312.68	\$319.29	\$429.39
24	\$160.75	\$312.68	\$319.29	\$429.39
25	\$160.75	\$312.68	\$319.29	\$429.39
26	\$160.75	\$312.68	\$319.29	\$429.39
27	\$160.75	\$312.68	\$319.29	\$429.39
28	\$160.75	\$312.68	\$319.29	\$429.39
29	\$160.75	\$312.68	\$319.29	\$429.39
30	\$160.75	\$312.68	\$319.29	\$429.39
31	\$160.75	\$312.68	\$319.29	\$429.39
32	\$160.75	\$312.68	\$319.29	\$429.39
33	\$165.15	\$321.49	\$328.10	\$440.40
34	\$171.76	\$334.70	\$341.31	\$458.02
35	\$178.36	\$347.92	\$354.52	\$475.63
36	\$184.97	\$361.13	\$367.73	\$493.25
37	\$191.57	\$374.34	\$383.15	\$513.07
38	\$198.18	\$389.75	\$398.56	\$532.88
39	\$206.99	\$405.17	\$413.98	\$552.70
40	\$215.80	\$420.58	\$429.39	\$574.72
41	\$222.40	\$438.20	\$447.01	\$596.74
42	\$231.21	\$453.61	\$464.62	\$620.96
43	\$240.02	\$471.23	\$482.24	\$645.19
44	\$251.03	\$491.05	\$499.85	\$671.61
45	\$259.84	\$508.66	\$519.67	\$698.03
46	\$270.85	\$528.48	\$539.49	\$724.46
47	\$281.86	\$550.50	\$561.51	\$753.08
48	\$292.87	\$572.52	\$583.53	\$781.71
49	\$303.88	\$594.54	\$605.55	\$812.54
50	\$314.89	\$616.56	\$629.77	\$845.57
51	\$328.10	\$640.78	\$653.99	\$878.60
52	\$341.31	\$667.21	\$680.42	\$911.63
53	\$354.52	\$693.63	\$706.84	\$946.86
54	\$367.73	\$720.05	\$735.47	\$984.29
55	\$380.95	\$748.68	\$764.09	\$1,021.73
56	\$396.36	\$777.31	\$792.72	\$1,063.57
57	\$411.77	\$808.13	\$823.55	\$1,103.20
58	\$427.19	\$838.96	\$856.58	\$1,147.24
59	\$444.80	\$871.99	\$889.61	\$1,191.28
60	\$462.42	\$905.02	\$924.84	\$1,239.73
61	\$480.04	\$940.25	\$960.07	\$1,288.17
62	\$480.04	\$940.25	\$960.07	\$1,288.17
63	\$480.04	\$940.25	\$960.07	\$1,288.17
64	\$480.04	\$940.25	\$960.07	\$1,288.17
65	\$480.04	\$940.25	\$960.07	\$1,288.17
>65 Non Medicare Eligible	\$480.04	\$940.25	\$960.07	\$1,288.17
65+ Medicare Eligible**	\$480.04	\$940.25	\$960.07	\$1,288.17

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$231.21**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$127.17	-	-	-
6-18 **	\$113.29	\$221.96	\$226.59	\$302.89
19-20	\$168.78	\$328.32	\$335.25	\$450.86
21	\$168.78	\$328.32	\$335.25	\$450.86
22	\$168.78	\$328.32	\$335.25	\$450.86
23	\$168.78	\$328.32	\$335.25	\$450.86
24	\$168.78	\$328.32	\$335.25	\$450.86
25	\$168.78	\$328.32	\$335.25	\$450.86
26	\$168.78	\$328.32	\$335.25	\$450.86
27	\$168.78	\$328.32	\$335.25	\$450.86
28	\$168.78	\$328.32	\$335.25	\$450.86
29	\$168.78	\$328.32	\$335.25	\$450.86
30	\$168.78	\$328.32	\$335.25	\$450.86
31	\$168.78	\$328.32	\$335.25	\$450.86
32	\$168.78	\$328.32	\$335.25	\$450.86
33	\$173.41	\$337.57	\$344.50	\$462.42
34	\$180.34	\$351.44	\$358.38	\$480.92
35	\$187.28	\$365.31	\$372.25	\$499.41
36	\$194.22	\$379.18	\$386.12	\$517.91
37	\$201.15	\$393.06	\$402.31	\$538.72
38	\$208.09	\$409.24	\$418.49	\$559.53
39	\$217.34	\$425.43	\$434.67	\$580.34
40	\$226.59	\$441.61	\$450.86	\$603.46
41	\$233.52	\$460.11	\$469.36	\$626.58
42	\$242.77	\$476.29	\$487.85	\$652.01
43	\$252.02	\$494.79	\$506.35	\$677.45
44	\$263.58	\$515.60	\$524.85	\$705.19
45	\$272.83	\$534.10	\$545.66	\$732.94
46	\$284.39	\$554.90	\$566.46	\$760.68
47	\$295.95	\$578.03	\$589.59	\$790.74
48	\$307.51	\$601.15	\$612.71	\$820.80
49	\$319.07	\$624.27	\$635.83	\$853.16
50	\$330.63	\$647.39	\$661.26	\$887.85
51	\$344.50	\$672.82	\$686.69	\$922.53
52	\$358.38	\$700.57	\$714.44	\$957.21
53	\$372.25	\$728.31	\$742.18	\$994.20
54	\$386.12	\$756.06	\$772.24	\$1,033.51
55	\$399.99	\$786.11	\$802.30	\$1,072.81
56	\$416.18	\$816.17	\$832.36	\$1,116.74
57	\$432.36	\$848.54	\$864.73	\$1,158.36
58	\$448.55	\$880.91	\$899.41	\$1,204.60
59	\$467.04	\$915.59	\$934.09	\$1,250.85
60	\$485.54	\$950.27	\$971.08	\$1,301.71
61	\$504.04	\$987.27	\$1,008.08	\$1,352.58
62	\$504.04	\$987.27	\$1,008.08	\$1,352.58
63	\$504.04	\$987.27	\$1,008.08	\$1,352.58
64	\$504.04	\$987.27	\$1,008.08	\$1,352.58
65	\$504.04	\$987.27	\$1,008.08	\$1,352.58
>65 Non Medicare Eligible	\$504.04	\$987.27	\$1,008.08	\$1,352.58
65+ Medicare Eligible**	\$504.04	\$987.27	\$1,008.08	\$1,352.58

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$264.24**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$145.33	-	-	-
6-18 **	\$129.48	\$253.67	\$258.96	\$346.15
19-20	\$192.90	\$375.22	\$383.15	\$515.27
21	\$192.90	\$375.22	\$383.15	\$515.27
22	\$192.90	\$375.22	\$383.15	\$515.27
23	\$192.90	\$375.22	\$383.15	\$515.27
24	\$192.90	\$375.22	\$383.15	\$515.27
25	\$192.90	\$375.22	\$383.15	\$515.27
26	\$192.90	\$375.22	\$383.15	\$515.27
27	\$192.90	\$375.22	\$383.15	\$515.27
28	\$192.90	\$375.22	\$383.15	\$515.27
29	\$192.90	\$375.22	\$383.15	\$515.27
30	\$192.90	\$375.22	\$383.15	\$515.27
31	\$192.90	\$375.22	\$383.15	\$515.27
32	\$192.90	\$375.22	\$383.15	\$515.27
33	\$198.18	\$385.79	\$393.72	\$528.48
34	\$206.11	\$401.64	\$409.57	\$549.62
35	\$214.03	\$417.50	\$425.43	\$570.76
36	\$221.96	\$433.35	\$441.28	\$591.90
37	\$229.89	\$449.21	\$459.78	\$615.68
38	\$237.82	\$467.70	\$478.27	\$639.46
39	\$248.39	\$486.20	\$496.77	\$663.24
40	\$258.96	\$504.70	\$515.27	\$689.67
41	\$266.88	\$525.84	\$536.41	\$716.09
42	\$277.45	\$544.33	\$557.55	\$745.16
43	\$288.02	\$565.47	\$578.69	\$774.22
44	\$301.23	\$589.26	\$599.82	\$805.93
45	\$311.80	\$610.39	\$623.61	\$837.64
46	\$325.02	\$634.18	\$647.39	\$869.35
47	\$338.23	\$660.60	\$673.81	\$903.70
48	\$351.44	\$687.02	\$700.24	\$938.05
49	\$364.65	\$713.45	\$726.66	\$975.05
50	\$377.86	\$739.87	\$755.73	\$1,014.68
51	\$393.72	\$768.94	\$784.79	\$1,054.32
52	\$409.57	\$800.65	\$816.50	\$1,093.95
53	\$425.43	\$832.36	\$848.21	\$1,136.23
54	\$441.28	\$864.06	\$882.56	\$1,181.15
55	\$457.14	\$898.42	\$916.91	\$1,226.07
56	\$475.63	\$932.77	\$951.26	\$1,276.28
57	\$494.13	\$969.76	\$988.26	\$1,323.84
58	\$512.63	\$1,006.75	\$1,027.89	\$1,376.69
59	\$533.76	\$1,046.39	\$1,067.53	\$1,429.54
60	\$554.90	\$1,086.03	\$1,109.81	\$1,487.67
61	\$576.04	\$1,128.30	\$1,152.09	\$1,545.80
62	\$576.04	\$1,128.30	\$1,152.09	\$1,545.80
63	\$576.04	\$1,128.30	\$1,152.09	\$1,545.80
64	\$576.04	\$1,128.30	\$1,152.09	\$1,545.80
65	\$576.04	\$1,128.30	\$1,152.09	\$1,545.80
>65 Non Medicare Eligible	\$576.04	\$1,128.30	\$1,152.09	\$1,545.80
65+ Medicare Eligible**	\$576.04	\$1,128.30	\$1,152.09	\$1,545.80

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$286.26**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$157.44	-	-	-
6-18 **	\$140.27	\$274.81	\$280.53	\$375.00
19-20	\$208.97	\$406.49	\$415.08	\$558.21
21	\$208.97	\$406.49	\$415.08	\$558.21
22	\$208.97	\$406.49	\$415.08	\$558.21
23	\$208.97	\$406.49	\$415.08	\$558.21
24	\$208.97	\$406.49	\$415.08	\$558.21
25	\$208.97	\$406.49	\$415.08	\$558.21
26	\$208.97	\$406.49	\$415.08	\$558.21
27	\$208.97	\$406.49	\$415.08	\$558.21
28	\$208.97	\$406.49	\$415.08	\$558.21
29	\$208.97	\$406.49	\$415.08	\$558.21
30	\$208.97	\$406.49	\$415.08	\$558.21
31	\$208.97	\$406.49	\$415.08	\$558.21
32	\$208.97	\$406.49	\$415.08	\$558.21
33	\$214.70	\$417.94	\$426.53	\$572.52
34	\$223.28	\$435.12	\$443.70	\$595.42
35	\$231.87	\$452.29	\$460.88	\$618.32
36	\$240.46	\$469.47	\$478.05	\$641.22
37	\$249.05	\$486.64	\$498.09	\$666.99
38	\$257.63	\$506.68	\$518.13	\$692.75
39	\$269.08	\$526.72	\$538.17	\$718.51
40	\$280.53	\$546.76	\$558.21	\$747.14
41	\$289.12	\$569.66	\$581.11	\$775.76
42	\$300.57	\$589.70	\$604.01	\$807.25
43	\$312.02	\$612.60	\$626.91	\$838.74
44	\$326.34	\$638.36	\$649.81	\$873.09
45	\$337.79	\$661.26	\$675.57	\$907.44
46	\$352.10	\$687.02	\$701.34	\$941.80
47	\$366.41	\$715.65	\$729.96	\$979.01
48	\$380.73	\$744.28	\$758.59	\$1,016.22
49	\$395.04	\$772.90	\$787.22	\$1,056.30
50	\$409.35	\$801.53	\$818.70	\$1,099.24
51	\$426.53	\$833.02	\$850.19	\$1,142.18
52	\$443.70	\$867.37	\$884.54	\$1,185.12
53	\$460.88	\$901.72	\$918.89	\$1,230.92
54	\$478.05	\$936.07	\$956.11	\$1,279.58
55	\$495.23	\$973.28	\$993.32	\$1,328.25
56	\$515.27	\$1,010.50	\$1,030.54	\$1,382.64
57	\$535.31	\$1,050.57	\$1,070.61	\$1,434.16
58	\$555.34	\$1,090.65	\$1,113.55	\$1,491.41
59	\$578.25	\$1,133.59	\$1,156.49	\$1,548.67
60	\$601.15	\$1,176.53	\$1,202.29	\$1,611.64
61	\$624.05	\$1,222.33	\$1,248.09	\$1,674.62
62	\$624.05	\$1,222.33	\$1,248.09	\$1,674.62
63	\$624.05	\$1,222.33	\$1,248.09	\$1,674.62
64	\$624.05	\$1,222.33	\$1,248.09	\$1,674.62
65	\$624.05	\$1,222.33	\$1,248.09	\$1,674.62
>65 Non Medicare Eligible	\$624.05	\$1,222.33	\$1,248.09	\$1,674.62
65+ Medicare Eligible**	\$624.05	\$1,222.33	\$1,248.09	\$1,674.62

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$330.30**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$181.67	-	-	-
6-18 **	\$161.85	\$317.09	\$323.69	\$432.69
19-20	\$241.12	\$469.03	\$478.94	\$644.09
21	\$241.12	\$469.03	\$478.94	\$644.09
22	\$241.12	\$469.03	\$478.94	\$644.09
23	\$241.12	\$469.03	\$478.94	\$644.09
24	\$241.12	\$469.03	\$478.94	\$644.09
25	\$241.12	\$469.03	\$478.94	\$644.09
26	\$241.12	\$469.03	\$478.94	\$644.09
27	\$241.12	\$469.03	\$478.94	\$644.09
28	\$241.12	\$469.03	\$478.94	\$644.09
29	\$241.12	\$469.03	\$478.94	\$644.09
30	\$241.12	\$469.03	\$478.94	\$644.09
31	\$241.12	\$469.03	\$478.94	\$644.09
32	\$241.12	\$469.03	\$478.94	\$644.09
33	\$247.73	\$482.24	\$492.15	\$660.60
34	\$257.63	\$502.06	\$511.97	\$687.02
35	\$267.54	\$521.87	\$531.78	\$713.45
36	\$277.45	\$541.69	\$551.60	\$739.87
37	\$287.36	\$561.51	\$574.72	\$769.60
38	\$297.27	\$584.63	\$597.84	\$799.33
39	\$310.48	\$607.75	\$620.96	\$829.05
40	\$323.69	\$630.87	\$644.09	\$862.08
41	\$333.60	\$657.30	\$670.51	\$895.11
42	\$346.82	\$680.42	\$696.93	\$931.45
43	\$360.03	\$706.84	\$723.36	\$967.78
44	\$376.54	\$736.57	\$749.78	\$1,007.42
45	\$389.75	\$762.99	\$779.51	\$1,047.05
46	\$406.27	\$792.72	\$809.24	\$1,086.69
47	\$422.78	\$825.75	\$842.27	\$1,129.63
48	\$439.30	\$858.78	\$875.30	\$1,172.57
49	\$455.81	\$891.81	\$908.33	\$1,218.81
50	\$472.33	\$924.84	\$944.66	\$1,268.35
51	\$492.15	\$961.17	\$980.99	\$1,317.90
52	\$511.97	\$1,000.81	\$1,020.63	\$1,367.44
53	\$531.78	\$1,040.45	\$1,060.26	\$1,420.29
54	\$551.60	\$1,080.08	\$1,103.20	\$1,476.44
55	\$571.42	\$1,123.02	\$1,146.14	\$1,532.59
56	\$594.54	\$1,165.96	\$1,189.08	\$1,595.35
57	\$617.66	\$1,212.20	\$1,235.32	\$1,654.80
58	\$640.78	\$1,258.44	\$1,284.87	\$1,720.86
59	\$667.21	\$1,307.99	\$1,334.41	\$1,786.92
60	\$693.63	\$1,357.53	\$1,387.26	\$1,859.59
61	\$720.05	\$1,410.38	\$1,440.11	\$1,932.26
62	\$720.05	\$1,410.38	\$1,440.11	\$1,932.26
63	\$720.05	\$1,410.38	\$1,440.11	\$1,932.26
64	\$720.05	\$1,410.38	\$1,440.11	\$1,932.26
65	\$720.05	\$1,410.38	\$1,440.11	\$1,932.26
>65 Non Medicare Eligible	\$720.05	\$1,410.38	\$1,440.11	\$1,932.26
65+ Medicare Eligible**	\$720.05	\$1,410.38	\$1,440.11	\$1,932.26

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$396.36**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$218.00	-	-	-
6-18 **	\$194.22	\$380.51	\$388.43	\$519.23
19-20	\$289.34	\$562.83	\$574.72	\$772.90
21	\$289.34	\$562.83	\$574.72	\$772.90
22	\$289.34	\$562.83	\$574.72	\$772.90
23	\$289.34	\$562.83	\$574.72	\$772.90
24	\$289.34	\$562.83	\$574.72	\$772.90
25	\$289.34	\$562.83	\$574.72	\$772.90
26	\$289.34	\$562.83	\$574.72	\$772.90
27	\$289.34	\$562.83	\$574.72	\$772.90
28	\$289.34	\$562.83	\$574.72	\$772.90
29	\$289.34	\$562.83	\$574.72	\$772.90
30	\$289.34	\$562.83	\$574.72	\$772.90
31	\$289.34	\$562.83	\$574.72	\$772.90
32	\$289.34	\$562.83	\$574.72	\$772.90
33	\$297.27	\$578.69	\$590.58	\$792.72
34	\$309.16	\$602.47	\$614.36	\$824.43
35	\$321.05	\$626.25	\$638.14	\$856.14
36	\$332.94	\$650.03	\$661.92	\$887.85
37	\$344.83	\$673.81	\$689.67	\$923.52
38	\$356.72	\$701.56	\$717.41	\$959.19
39	\$372.58	\$729.30	\$745.16	\$994.86
40	\$388.43	\$757.05	\$772.90	\$1,034.50
41	\$400.32	\$788.76	\$804.61	\$1,074.14
42	\$416.18	\$816.50	\$836.32	\$1,117.74
43	\$432.03	\$848.21	\$868.03	\$1,161.33
44	\$451.85	\$883.88	\$899.74	\$1,208.90
45	\$467.70	\$915.59	\$935.41	\$1,256.46
46	\$487.52	\$951.26	\$971.08	\$1,304.02
47	\$507.34	\$990.90	\$1,010.72	\$1,355.55
48	\$527.16	\$1,030.54	\$1,050.35	\$1,407.08
49	\$546.98	\$1,070.17	\$1,089.99	\$1,462.57
50	\$566.79	\$1,109.81	\$1,133.59	\$1,522.02
51	\$590.58	\$1,153.41	\$1,177.19	\$1,581.48
52	\$614.36	\$1,200.97	\$1,224.75	\$1,640.93
53	\$638.14	\$1,248.53	\$1,272.32	\$1,704.35
54	\$661.92	\$1,296.10	\$1,323.84	\$1,771.73
55	\$685.70	\$1,347.62	\$1,375.37	\$1,839.11
56	\$713.45	\$1,399.15	\$1,426.90	\$1,914.42
57	\$741.19	\$1,454.64	\$1,482.39	\$1,985.76
58	\$768.94	\$1,510.13	\$1,541.84	\$2,065.04
59	\$800.65	\$1,569.59	\$1,601.29	\$2,144.31
60	\$832.36	\$1,629.04	\$1,664.71	\$2,231.51
61	\$864.06	\$1,692.46	\$1,728.13	\$2,318.71
62	\$864.06	\$1,692.46	\$1,728.13	\$2,318.71
63	\$864.06	\$1,692.46	\$1,728.13	\$2,318.71
64	\$864.06	\$1,692.46	\$1,728.13	\$2,318.71
65	\$864.06	\$1,692.46	\$1,728.13	\$2,318.71
>65 Non Medicare Eligible	\$864.06	\$1,692.46	\$1,728.13	\$2,318.71
65+ Medicare Eligible**	\$864.06	\$1,692.46	\$1,728.13	\$2,318.71

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$5,000
Out-of-Network	=	\$4,500 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$155.85**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$85.72	-	-	-
6-18 **	\$76.37	\$149.62	\$152.73	\$204.16
19-20	\$113.77	\$221.31	\$225.98	\$303.91
21	\$113.77	\$221.31	\$225.98	\$303.91
22	\$113.77	\$221.31	\$225.98	\$303.91
23	\$113.77	\$221.31	\$225.98	\$303.91
24	\$113.77	\$221.31	\$225.98	\$303.91
25	\$113.77	\$221.31	\$225.98	\$303.91
26	\$113.77	\$221.31	\$225.98	\$303.91
27	\$113.77	\$221.31	\$225.98	\$303.91
28	\$113.77	\$221.31	\$225.98	\$303.91
29	\$113.77	\$221.31	\$225.98	\$303.91
30	\$113.77	\$221.31	\$225.98	\$303.91
31	\$113.77	\$221.31	\$225.98	\$303.91
32	\$113.77	\$221.31	\$225.98	\$303.91
33	\$116.89	\$227.54	\$232.22	\$311.70
34	\$121.56	\$236.89	\$241.57	\$324.17
35	\$126.24	\$246.24	\$250.92	\$336.64
36	\$130.91	\$255.59	\$260.27	\$349.10
37	\$135.59	\$264.95	\$271.18	\$363.13
38	\$140.27	\$275.85	\$282.09	\$377.16
39	\$146.50	\$286.76	\$293.00	\$391.18
40	\$152.73	\$297.67	\$303.91	\$406.77
41	\$157.41	\$310.14	\$316.38	\$422.35
42	\$163.64	\$321.05	\$328.84	\$439.50
43	\$169.88	\$333.52	\$341.31	\$456.64
44	\$177.67	\$347.55	\$353.78	\$475.34
45	\$183.90	\$360.01	\$367.81	\$494.04
46	\$191.70	\$374.04	\$381.83	\$512.75
47	\$199.49	\$389.63	\$397.42	\$533.01
48	\$207.28	\$405.21	\$413.00	\$553.27
49	\$215.07	\$420.80	\$428.59	\$575.09
50	\$222.87	\$436.38	\$445.73	\$598.46
51	\$232.22	\$453.52	\$462.87	\$621.84
52	\$241.57	\$472.23	\$481.58	\$645.22
53	\$250.92	\$490.93	\$500.28	\$670.16
54	\$260.27	\$509.63	\$520.54	\$696.65
55	\$269.62	\$529.89	\$540.80	\$723.14
56	\$280.53	\$550.15	\$561.06	\$752.76
57	\$291.44	\$571.97	\$582.88	\$780.81
58	\$302.35	\$593.79	\$606.26	\$811.98
59	\$314.82	\$617.17	\$629.63	\$843.15
60	\$327.29	\$640.54	\$654.57	\$877.44
61	\$339.75	\$665.48	\$679.51	\$911.72
62	\$339.75	\$665.48	\$679.51	\$911.72
63	\$339.75	\$665.48	\$679.51	\$911.72
64	\$339.75	\$665.48	\$679.51	\$911.72
65	\$339.75	\$665.48	\$679.51	\$911.72
>65 Non Medicare Eligible	\$339.75	\$665.48	\$679.51	\$911.72
65+ Medicare Eligible**	\$339.75	\$665.48	\$679.51	\$911.72

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$5,000
Out-of-Network	=	\$4,500 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$163.64**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$90.00	-	-	-
6-18 **	\$80.18	\$157.09	\$160.37	\$214.37
19-20	\$119.46	\$232.37	\$237.28	\$319.10
21	\$119.46	\$232.37	\$237.28	\$319.10
22	\$119.46	\$232.37	\$237.28	\$319.10
23	\$119.46	\$232.37	\$237.28	\$319.10
24	\$119.46	\$232.37	\$237.28	\$319.10
25	\$119.46	\$232.37	\$237.28	\$319.10
26	\$119.46	\$232.37	\$237.28	\$319.10
27	\$119.46	\$232.37	\$237.28	\$319.10
28	\$119.46	\$232.37	\$237.28	\$319.10
29	\$119.46	\$232.37	\$237.28	\$319.10
30	\$119.46	\$232.37	\$237.28	\$319.10
31	\$119.46	\$232.37	\$237.28	\$319.10
32	\$119.46	\$232.37	\$237.28	\$319.10
33	\$122.73	\$238.91	\$243.82	\$327.28
34	\$127.64	\$248.73	\$253.64	\$340.37
35	\$132.55	\$258.55	\$263.46	\$353.46
36	\$137.46	\$268.37	\$273.28	\$366.55
37	\$142.37	\$278.19	\$284.73	\$381.28
38	\$147.28	\$289.64	\$296.19	\$396.01
39	\$153.82	\$301.10	\$307.64	\$410.74
40	\$160.37	\$312.55	\$319.10	\$427.10
41	\$165.28	\$325.64	\$332.19	\$443.46
42	\$171.82	\$337.10	\$345.28	\$461.46
43	\$178.37	\$350.19	\$358.37	\$479.47
44	\$186.55	\$364.92	\$371.46	\$499.10
45	\$193.10	\$378.01	\$386.19	\$518.74
46	\$201.28	\$392.74	\$400.92	\$538.38
47	\$209.46	\$409.10	\$417.28	\$559.65
48	\$217.64	\$425.46	\$433.65	\$580.92
49	\$225.82	\$441.83	\$450.01	\$603.83
50	\$234.01	\$458.19	\$468.01	\$628.38
51	\$243.82	\$476.19	\$486.01	\$652.92
52	\$253.64	\$495.83	\$505.65	\$677.47
53	\$263.46	\$515.47	\$525.28	\$703.65
54	\$273.28	\$535.10	\$546.56	\$731.47
55	\$283.10	\$556.38	\$567.83	\$759.29
56	\$294.55	\$577.65	\$589.10	\$790.38
57	\$306.01	\$600.56	\$612.01	\$819.84
58	\$317.46	\$623.47	\$636.56	\$852.56
59	\$330.55	\$648.01	\$661.11	\$885.29
60	\$343.64	\$672.56	\$687.29	\$921.29
61	\$356.74	\$698.74	\$713.47	\$957.29
62	\$356.74	\$698.74	\$713.47	\$957.29
63	\$356.74	\$698.74	\$713.47	\$957.29
64	\$356.74	\$698.74	\$713.47	\$957.29
65	\$356.74	\$698.74	\$713.47	\$957.29
>65 Non Medicare Eligible	\$356.74	\$698.74	\$713.47	\$957.29
65+ Medicare Eligible**	\$356.74	\$698.74	\$713.47	\$957.29

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$5,000
Out-of-Network	=	\$4,500 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$187.02**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$102.86	-	-	-
6-18 **	\$91.64	\$179.54	\$183.28	\$245.00
19-20	\$136.52	\$265.57	\$271.18	\$364.69
21	\$136.52	\$265.57	\$271.18	\$364.69
22	\$136.52	\$265.57	\$271.18	\$364.69
23	\$136.52	\$265.57	\$271.18	\$364.69
24	\$136.52	\$265.57	\$271.18	\$364.69
25	\$136.52	\$265.57	\$271.18	\$364.69
26	\$136.52	\$265.57	\$271.18	\$364.69
27	\$136.52	\$265.57	\$271.18	\$364.69
28	\$136.52	\$265.57	\$271.18	\$364.69
29	\$136.52	\$265.57	\$271.18	\$364.69
30	\$136.52	\$265.57	\$271.18	\$364.69
31	\$136.52	\$265.57	\$271.18	\$364.69
32	\$136.52	\$265.57	\$271.18	\$364.69
33	\$140.27	\$273.05	\$278.66	\$374.04
34	\$145.88	\$284.27	\$289.88	\$389.00
35	\$151.49	\$295.49	\$301.10	\$403.96
36	\$157.10	\$306.71	\$312.32	\$418.92
37	\$162.71	\$317.93	\$325.41	\$435.76
38	\$168.32	\$331.03	\$338.51	\$452.59
39	\$175.80	\$344.12	\$351.60	\$469.42
40	\$183.28	\$357.21	\$364.69	\$488.12
41	\$188.89	\$372.17	\$379.65	\$506.82
42	\$196.37	\$385.26	\$394.61	\$527.40
43	\$203.85	\$400.22	\$409.57	\$547.97
44	\$213.20	\$417.05	\$424.54	\$570.41
45	\$220.68	\$432.02	\$441.37	\$592.85
46	\$230.03	\$448.85	\$458.20	\$615.30
47	\$239.39	\$467.55	\$476.90	\$639.61
48	\$248.74	\$486.25	\$495.60	\$663.92
49	\$258.09	\$504.95	\$514.31	\$690.10
50	\$267.44	\$523.66	\$534.88	\$718.16
51	\$278.66	\$544.23	\$555.45	\$746.21
52	\$289.88	\$566.67	\$577.89	\$774.26
53	\$301.10	\$589.11	\$600.33	\$804.19
54	\$312.32	\$611.56	\$624.65	\$835.98
55	\$323.54	\$635.87	\$648.96	\$867.77
56	\$336.64	\$660.18	\$673.27	\$903.31
57	\$349.73	\$686.36	\$699.45	\$936.97
58	\$362.82	\$712.55	\$727.51	\$974.37
59	\$377.78	\$740.60	\$755.56	\$1,011.78
60	\$392.74	\$768.65	\$785.48	\$1,052.92
61	\$407.70	\$798.58	\$815.41	\$1,094.07
62	\$407.70	\$798.58	\$815.41	\$1,094.07
63	\$407.70	\$798.58	\$815.41	\$1,094.07
64	\$407.70	\$798.58	\$815.41	\$1,094.07
65	\$407.70	\$798.58	\$815.41	\$1,094.07
>65 Non Medicare Eligible	\$407.70	\$798.58	\$815.41	\$1,094.07
65+ Medicare Eligible**	\$407.70	\$798.58	\$815.41	\$1,094.07

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$5,000
Out-of-Network	=	\$4,500 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$202.61**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$111.44	-	-	-
6-18 **	\$99.28	\$194.51	\$198.56	\$265.42
19-20	\$147.91	\$287.71	\$293.78	\$395.09
21	\$147.91	\$287.71	\$293.78	\$395.09
22	\$147.91	\$287.71	\$293.78	\$395.09
23	\$147.91	\$287.71	\$293.78	\$395.09
24	\$147.91	\$287.71	\$293.78	\$395.09
25	\$147.91	\$287.71	\$293.78	\$395.09
26	\$147.91	\$287.71	\$293.78	\$395.09
27	\$147.91	\$287.71	\$293.78	\$395.09
28	\$147.91	\$287.71	\$293.78	\$395.09
29	\$147.91	\$287.71	\$293.78	\$395.09
30	\$147.91	\$287.71	\$293.78	\$395.09
31	\$147.91	\$287.71	\$293.78	\$395.09
32	\$147.91	\$287.71	\$293.78	\$395.09
33	\$151.96	\$295.81	\$301.89	\$405.22
34	\$158.04	\$307.97	\$314.05	\$421.43
35	\$164.11	\$320.12	\$326.20	\$437.64
36	\$170.19	\$332.28	\$338.36	\$453.85
37	\$176.27	\$344.44	\$352.54	\$472.08
38	\$182.35	\$358.62	\$366.72	\$490.32
39	\$190.45	\$372.80	\$380.91	\$508.55
40	\$198.56	\$386.99	\$395.09	\$528.81
41	\$204.64	\$403.19	\$411.30	\$549.07
42	\$212.74	\$417.38	\$427.51	\$571.36
43	\$220.84	\$433.59	\$443.72	\$593.65
44	\$230.98	\$451.82	\$459.92	\$617.96
45	\$239.08	\$468.03	\$478.16	\$642.27
46	\$249.21	\$486.26	\$496.39	\$666.59
47	\$259.34	\$506.53	\$516.66	\$692.93
48	\$269.47	\$526.79	\$536.92	\$719.27
49	\$279.60	\$547.05	\$557.18	\$747.63
50	\$289.73	\$567.31	\$579.46	\$778.02
51	\$301.89	\$589.60	\$601.75	\$808.41
52	\$314.05	\$613.91	\$626.06	\$838.81
53	\$326.20	\$638.22	\$650.38	\$871.22
54	\$338.36	\$662.53	\$676.72	\$905.67
55	\$350.52	\$688.87	\$703.06	\$940.11
56	\$364.70	\$715.21	\$729.40	\$978.61
57	\$378.88	\$743.58	\$757.76	\$1,015.08
58	\$393.06	\$771.94	\$788.15	\$1,055.60
59	\$409.27	\$802.34	\$818.54	\$1,096.12
60	\$425.48	\$832.73	\$850.96	\$1,140.69
61	\$441.69	\$865.14	\$883.38	\$1,185.27
62	\$441.69	\$865.14	\$883.38	\$1,185.27
63	\$441.69	\$865.14	\$883.38	\$1,185.27
64	\$441.69	\$865.14	\$883.38	\$1,185.27
65	\$441.69	\$865.14	\$883.38	\$1,185.27
>65 Non Medicare Eligible	\$441.69	\$865.14	\$883.38	\$1,185.27
65+ Medicare Eligible**	\$441.69	\$865.14	\$883.38	\$1,185.27

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$5,000
Out-of-Network	=	\$4,500 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$233.78**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$128.58	-	-	-
6-18 **	\$114.55	\$224.43	\$229.10	\$306.25
19-20	\$170.66	\$331.97	\$338.98	\$455.87
21	\$170.66	\$331.97	\$338.98	\$455.87
22	\$170.66	\$331.97	\$338.98	\$455.87
23	\$170.66	\$331.97	\$338.98	\$455.87
24	\$170.66	\$331.97	\$338.98	\$455.87
25	\$170.66	\$331.97	\$338.98	\$455.87
26	\$170.66	\$331.97	\$338.98	\$455.87
27	\$170.66	\$331.97	\$338.98	\$455.87
28	\$170.66	\$331.97	\$338.98	\$455.87
29	\$170.66	\$331.97	\$338.98	\$455.87
30	\$170.66	\$331.97	\$338.98	\$455.87
31	\$170.66	\$331.97	\$338.98	\$455.87
32	\$170.66	\$331.97	\$338.98	\$455.87
33	\$175.34	\$341.32	\$348.33	\$467.56
34	\$182.35	\$355.35	\$362.36	\$486.26
35	\$189.36	\$369.37	\$376.39	\$504.96
36	\$196.38	\$383.40	\$390.41	\$523.67
37	\$203.39	\$397.43	\$406.78	\$544.71
38	\$210.40	\$413.79	\$423.14	\$565.75
39	\$219.75	\$430.16	\$439.51	\$586.79
40	\$229.10	\$446.52	\$455.87	\$610.17
41	\$236.12	\$465.22	\$474.57	\$633.54
42	\$245.47	\$481.59	\$493.28	\$659.26
43	\$254.82	\$500.29	\$511.98	\$684.98
44	\$266.51	\$521.33	\$530.68	\$713.03
45	\$275.86	\$540.03	\$551.72	\$741.08
46	\$287.55	\$561.07	\$572.76	\$769.14
47	\$299.24	\$584.45	\$596.14	\$799.53
48	\$310.93	\$607.83	\$619.52	\$829.92
49	\$322.62	\$631.21	\$642.90	\$862.65
50	\$334.31	\$654.58	\$668.61	\$897.72
51	\$348.33	\$680.30	\$694.33	\$932.78
52	\$362.36	\$708.35	\$722.38	\$967.85
53	\$376.39	\$736.41	\$750.43	\$1,005.25
54	\$390.41	\$764.46	\$780.83	\$1,045.00
55	\$404.44	\$794.85	\$811.22	\$1,084.74
56	\$420.80	\$825.24	\$841.61	\$1,129.16
57	\$437.17	\$857.97	\$874.34	\$1,171.24
58	\$453.53	\$890.70	\$909.40	\$1,217.99
59	\$472.24	\$925.77	\$944.47	\$1,264.75
60	\$490.94	\$960.84	\$981.88	\$1,316.18
61	\$509.64	\$998.24	\$1,019.28	\$1,367.61
62	\$509.64	\$998.24	\$1,019.28	\$1,367.61
63	\$509.64	\$998.24	\$1,019.28	\$1,367.61
64	\$509.64	\$998.24	\$1,019.28	\$1,367.61
65	\$509.64	\$998.24	\$1,019.28	\$1,367.61
>65 Non Medicare Eligible	\$509.64	\$998.24	\$1,019.28	\$1,367.61
65+ Medicare Eligible**	\$509.64	\$998.24	\$1,019.28	\$1,367.61

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$5,000
Out-of-Network	=	\$4,500 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$280.53**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$154.29	-	-	-
6-18 **	\$137.46	\$269.31	\$274.92	\$367.49
19-20	\$204.79	\$398.35	\$406.77	\$547.03
21	\$204.79	\$398.35	\$406.77	\$547.03
22	\$204.79	\$398.35	\$406.77	\$547.03
23	\$204.79	\$398.35	\$406.77	\$547.03
24	\$204.79	\$398.35	\$406.77	\$547.03
25	\$204.79	\$398.35	\$406.77	\$547.03
26	\$204.79	\$398.35	\$406.77	\$547.03
27	\$204.79	\$398.35	\$406.77	\$547.03
28	\$204.79	\$398.35	\$406.77	\$547.03
29	\$204.79	\$398.35	\$406.77	\$547.03
30	\$204.79	\$398.35	\$406.77	\$547.03
31	\$204.79	\$398.35	\$406.77	\$547.03
32	\$204.79	\$398.35	\$406.77	\$547.03
33	\$210.40	\$409.57	\$417.99	\$561.06
34	\$218.81	\$426.41	\$434.82	\$583.50
35	\$227.23	\$443.24	\$451.65	\$605.94
36	\$235.65	\$460.07	\$468.49	\$628.39
37	\$244.06	\$476.90	\$488.12	\$653.63
38	\$252.48	\$496.54	\$507.76	\$678.88
39	\$263.70	\$516.18	\$527.40	\$704.13
40	\$274.92	\$535.81	\$547.03	\$732.18
41	\$283.34	\$558.25	\$569.48	\$760.24
42	\$294.56	\$577.89	\$591.92	\$791.09
43	\$305.78	\$600.33	\$614.36	\$821.95
44	\$319.80	\$625.58	\$636.80	\$855.62
45	\$331.03	\$648.02	\$662.05	\$889.28
46	\$345.05	\$673.27	\$687.30	\$922.94
47	\$359.08	\$701.33	\$715.35	\$959.41
48	\$373.10	\$729.38	\$743.40	\$995.88
49	\$387.13	\$757.43	\$771.46	\$1,035.16
50	\$401.16	\$785.48	\$802.32	\$1,077.24
51	\$417.99	\$816.34	\$833.17	\$1,119.31
52	\$434.82	\$850.01	\$866.84	\$1,161.39
53	\$451.65	\$883.67	\$900.50	\$1,206.28
54	\$468.49	\$917.33	\$936.97	\$1,253.97
55	\$485.32	\$953.80	\$973.44	\$1,301.66
56	\$504.95	\$990.27	\$1,009.91	\$1,354.96
57	\$524.59	\$1,029.55	\$1,049.18	\$1,405.46
58	\$544.23	\$1,068.82	\$1,091.26	\$1,461.56
59	\$566.67	\$1,110.90	\$1,133.34	\$1,517.67
60	\$589.11	\$1,152.98	\$1,178.23	\$1,579.38
61	\$611.56	\$1,197.86	\$1,223.11	\$1,641.10
62	\$611.56	\$1,197.86	\$1,223.11	\$1,641.10
63	\$611.56	\$1,197.86	\$1,223.11	\$1,641.10
64	\$611.56	\$1,197.86	\$1,223.11	\$1,641.10
65	\$611.56	\$1,197.86	\$1,223.11	\$1,641.10
>65 Non Medicare Eligible	\$611.56	\$1,197.86	\$1,223.11	\$1,641.10
65+ Medicare Eligible**	\$611.56	\$1,197.86	\$1,223.11	\$1,641.10

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$6,000
Out-of-Network	=	\$5,500 / \$7,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$131.59**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$72.37	-	-	-
6-18 **	\$64.48	\$126.33	\$128.96	\$172.38
19-20	\$96.06	\$186.86	\$190.81	\$256.60
21	\$96.06	\$186.86	\$190.81	\$256.60
22	\$96.06	\$186.86	\$190.81	\$256.60
23	\$96.06	\$186.86	\$190.81	\$256.60
24	\$96.06	\$186.86	\$190.81	\$256.60
25	\$96.06	\$186.86	\$190.81	\$256.60
26	\$96.06	\$186.86	\$190.81	\$256.60
27	\$96.06	\$186.86	\$190.81	\$256.60
28	\$96.06	\$186.86	\$190.81	\$256.60
29	\$96.06	\$186.86	\$190.81	\$256.60
30	\$96.06	\$186.86	\$190.81	\$256.60
31	\$96.06	\$186.86	\$190.81	\$256.60
32	\$96.06	\$186.86	\$190.81	\$256.60
33	\$98.69	\$192.12	\$196.07	\$263.18
34	\$102.64	\$200.02	\$203.96	\$273.71
35	\$106.59	\$207.91	\$211.86	\$284.23
36	\$110.54	\$215.81	\$219.76	\$294.76
37	\$114.48	\$223.70	\$228.97	\$306.60
38	\$118.43	\$232.91	\$238.18	\$318.45
39	\$123.69	\$242.13	\$247.39	\$330.29
40	\$128.96	\$251.34	\$256.60	\$343.45
41	\$132.91	\$261.86	\$267.13	\$356.61
42	\$138.17	\$271.08	\$277.65	\$371.08
43	\$143.43	\$281.60	\$288.18	\$385.56
44	\$150.01	\$293.45	\$298.71	\$401.35
45	\$155.28	\$303.97	\$310.55	\$417.14
46	\$161.86	\$315.82	\$322.40	\$432.93
47	\$168.44	\$328.98	\$335.55	\$450.04
48	\$175.01	\$342.13	\$348.71	\$467.14
49	\$181.59	\$355.29	\$361.87	\$485.57
50	\$188.17	\$368.45	\$376.35	\$505.31
51	\$196.07	\$382.93	\$390.82	\$525.04
52	\$203.96	\$398.72	\$406.61	\$544.78
53	\$211.86	\$414.51	\$422.40	\$565.84
54	\$219.76	\$430.30	\$439.51	\$588.21
55	\$227.65	\$447.41	\$456.62	\$610.58
56	\$236.86	\$464.51	\$473.72	\$635.58
57	\$246.07	\$482.94	\$492.15	\$659.27
58	\$255.28	\$501.36	\$511.89	\$685.58
59	\$265.81	\$521.10	\$531.62	\$711.90
60	\$276.34	\$540.83	\$552.68	\$740.85
61	\$286.87	\$561.89	\$573.73	\$769.80
62	\$286.87	\$561.89	\$573.73	\$769.80
63	\$286.87	\$561.89	\$573.73	\$769.80
64	\$286.87	\$561.89	\$573.73	\$769.80
65	\$286.87	\$561.89	\$573.73	\$769.80
>65 Non Medicare Eligible	\$286.87	\$561.89	\$573.73	\$769.80
65+ Medicare Eligible**	\$286.87	\$561.89	\$573.73	\$769.80

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$6,000
Out-of-Network	=	\$5,500 / \$7,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$138.17**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$75.99	-	-	-
6-18 **	\$67.70	\$132.64	\$135.41	\$181.00
19-20	\$100.86	\$196.20	\$200.35	\$269.43
21	\$100.86	\$196.20	\$200.35	\$269.43
22	\$100.86	\$196.20	\$200.35	\$269.43
23	\$100.86	\$196.20	\$200.35	\$269.43
24	\$100.86	\$196.20	\$200.35	\$269.43
25	\$100.86	\$196.20	\$200.35	\$269.43
26	\$100.86	\$196.20	\$200.35	\$269.43
27	\$100.86	\$196.20	\$200.35	\$269.43
28	\$100.86	\$196.20	\$200.35	\$269.43
29	\$100.86	\$196.20	\$200.35	\$269.43
30	\$100.86	\$196.20	\$200.35	\$269.43
31	\$100.86	\$196.20	\$200.35	\$269.43
32	\$100.86	\$196.20	\$200.35	\$269.43
33	\$103.63	\$201.73	\$205.87	\$276.34
34	\$107.77	\$210.02	\$214.16	\$287.39
35	\$111.92	\$218.31	\$222.45	\$298.45
36	\$116.06	\$226.60	\$230.74	\$309.50
37	\$120.21	\$234.89	\$240.42	\$321.94
38	\$124.35	\$244.56	\$250.09	\$334.37
39	\$129.88	\$254.23	\$259.76	\$346.81
40	\$135.41	\$263.90	\$269.43	\$360.62
41	\$139.55	\$274.96	\$280.49	\$374.44
42	\$145.08	\$284.63	\$291.54	\$389.64
43	\$150.61	\$295.68	\$302.59	\$404.84
44	\$157.51	\$308.12	\$313.65	\$421.42
45	\$163.04	\$319.17	\$326.08	\$438.00
46	\$169.95	\$331.61	\$338.52	\$454.58
47	\$176.86	\$345.43	\$352.33	\$472.54
48	\$183.77	\$359.24	\$366.15	\$490.50
49	\$190.67	\$373.06	\$379.97	\$509.85
50	\$197.58	\$386.88	\$395.17	\$530.57
51	\$205.87	\$402.07	\$410.36	\$551.30
52	\$214.16	\$418.66	\$426.95	\$572.02
53	\$222.45	\$435.24	\$443.53	\$594.13
54	\$230.74	\$451.82	\$461.49	\$617.62
55	\$239.03	\$469.78	\$479.45	\$641.11
56	\$248.71	\$487.74	\$497.41	\$667.36
57	\$258.38	\$507.08	\$516.76	\$692.23
58	\$268.05	\$526.43	\$537.48	\$719.87
59	\$279.10	\$547.15	\$558.21	\$747.50
60	\$290.16	\$567.88	\$580.31	\$777.90
61	\$301.21	\$589.99	\$602.42	\$808.29
62	\$301.21	\$589.99	\$602.42	\$808.29
63	\$301.21	\$589.99	\$602.42	\$808.29
64	\$301.21	\$589.99	\$602.42	\$808.29
65	\$301.21	\$589.99	\$602.42	\$808.29
>65 Non Medicare Eligible	\$301.21	\$589.99	\$602.42	\$808.29
65+ Medicare Eligible**	\$301.21	\$589.99	\$602.42	\$808.29

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$6,000
Out-of-Network	=	\$5,500 / \$7,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$157.91**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$86.85	-	-	-
6-18 **	\$77.38	\$151.59	\$154.75	\$206.86
19-20	\$115.27	\$224.23	\$228.97	\$307.92
21	\$115.27	\$224.23	\$228.97	\$307.92
22	\$115.27	\$224.23	\$228.97	\$307.92
23	\$115.27	\$224.23	\$228.97	\$307.92
24	\$115.27	\$224.23	\$228.97	\$307.92
25	\$115.27	\$224.23	\$228.97	\$307.92
26	\$115.27	\$224.23	\$228.97	\$307.92
27	\$115.27	\$224.23	\$228.97	\$307.92
28	\$115.27	\$224.23	\$228.97	\$307.92
29	\$115.27	\$224.23	\$228.97	\$307.92
30	\$115.27	\$224.23	\$228.97	\$307.92
31	\$115.27	\$224.23	\$228.97	\$307.92
32	\$115.27	\$224.23	\$228.97	\$307.92
33	\$118.43	\$230.55	\$235.29	\$315.82
34	\$123.17	\$240.02	\$244.76	\$328.45
35	\$127.91	\$249.50	\$254.24	\$341.09
36	\$132.64	\$258.97	\$263.71	\$353.72
37	\$137.38	\$268.45	\$274.76	\$367.93
38	\$142.12	\$279.50	\$285.82	\$382.14
39	\$148.44	\$290.55	\$296.87	\$396.35
40	\$154.75	\$301.61	\$307.92	\$412.15
41	\$159.49	\$314.24	\$320.56	\$427.94
42	\$165.81	\$325.29	\$333.19	\$445.31
43	\$172.12	\$337.93	\$345.82	\$462.68
44	\$180.02	\$352.14	\$358.46	\$481.63
45	\$186.33	\$364.77	\$372.67	\$500.57
46	\$194.23	\$378.98	\$386.88	\$519.52
47	\$202.12	\$394.78	\$402.67	\$540.05
48	\$210.02	\$410.57	\$418.46	\$560.58
49	\$217.92	\$426.36	\$434.25	\$582.69
50	\$225.81	\$442.15	\$451.62	\$606.37
51	\$235.29	\$459.52	\$468.99	\$630.06
52	\$244.76	\$478.47	\$487.94	\$653.75
53	\$254.24	\$497.42	\$506.89	\$679.01
54	\$263.71	\$516.37	\$527.42	\$705.86
55	\$273.18	\$536.89	\$547.95	\$732.70
56	\$284.24	\$557.42	\$568.48	\$762.71
57	\$295.29	\$579.53	\$590.58	\$791.13
58	\$306.35	\$601.64	\$614.27	\$822.71
59	\$318.98	\$625.32	\$637.96	\$854.29
60	\$331.61	\$649.01	\$663.22	\$889.03
61	\$344.24	\$674.28	\$688.49	\$923.77
62	\$344.24	\$674.28	\$688.49	\$923.77
63	\$344.24	\$674.28	\$688.49	\$923.77
64	\$344.24	\$674.28	\$688.49	\$923.77
65	\$344.24	\$674.28	\$688.49	\$923.77
>65 Non Medicare Eligible	\$344.24	\$674.28	\$688.49	\$923.77
65+ Medicare Eligible**	\$344.24	\$674.28	\$688.49	\$923.77

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$6,000
Out-of-Network	=	\$5,500 / \$7,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$171.07**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$94.09	-	-	-
6-18 **	\$83.82	\$164.23	\$167.65	\$224.10
19-20	\$124.88	\$242.92	\$248.05	\$333.59
21	\$124.88	\$242.92	\$248.05	\$333.59
22	\$124.88	\$242.92	\$248.05	\$333.59
23	\$124.88	\$242.92	\$248.05	\$333.59
24	\$124.88	\$242.92	\$248.05	\$333.59
25	\$124.88	\$242.92	\$248.05	\$333.59
26	\$124.88	\$242.92	\$248.05	\$333.59
27	\$124.88	\$242.92	\$248.05	\$333.59
28	\$124.88	\$242.92	\$248.05	\$333.59
29	\$124.88	\$242.92	\$248.05	\$333.59
30	\$124.88	\$242.92	\$248.05	\$333.59
31	\$124.88	\$242.92	\$248.05	\$333.59
32	\$124.88	\$242.92	\$248.05	\$333.59
33	\$128.30	\$249.76	\$254.89	\$342.14
34	\$133.43	\$260.03	\$265.16	\$355.83
35	\$138.57	\$270.29	\$275.42	\$369.51
36	\$143.70	\$280.55	\$285.69	\$383.20
37	\$148.83	\$290.82	\$297.66	\$398.59
38	\$153.96	\$302.79	\$309.64	\$413.99
39	\$160.81	\$314.77	\$321.61	\$429.39
40	\$167.65	\$326.74	\$333.59	\$446.49
41	\$172.78	\$340.43	\$347.27	\$463.60
42	\$179.62	\$352.40	\$360.96	\$482.42
43	\$186.47	\$366.09	\$374.64	\$501.24
44	\$195.02	\$381.49	\$388.33	\$521.76
45	\$201.86	\$395.17	\$403.73	\$542.29
46	\$210.42	\$410.57	\$419.12	\$562.82
47	\$218.97	\$427.68	\$436.23	\$585.06
48	\$227.52	\$444.78	\$453.34	\$607.30
49	\$236.08	\$461.89	\$470.44	\$631.25
50	\$244.63	\$479.00	\$489.26	\$656.91
51	\$254.89	\$497.81	\$508.08	\$682.57
52	\$265.16	\$518.34	\$528.61	\$708.23
53	\$275.42	\$538.87	\$549.13	\$735.60
54	\$285.69	\$559.40	\$571.37	\$764.68
55	\$295.95	\$581.64	\$593.61	\$793.76
56	\$307.93	\$603.88	\$615.85	\$826.27
57	\$319.90	\$627.83	\$639.80	\$857.06
58	\$331.88	\$651.78	\$665.46	\$891.27
59	\$345.56	\$677.44	\$691.12	\$925.49
60	\$359.25	\$703.10	\$718.49	\$963.12
61	\$372.93	\$730.47	\$745.87	\$1,000.76
62	\$372.93	\$730.47	\$745.87	\$1,000.76
63	\$372.93	\$730.47	\$745.87	\$1,000.76
64	\$372.93	\$730.47	\$745.87	\$1,000.76
65	\$372.93	\$730.47	\$745.87	\$1,000.76
>65 Non Medicare Eligible	\$372.93	\$730.47	\$745.87	\$1,000.76
65+ Medicare Eligible**	\$372.93	\$730.47	\$745.87	\$1,000.76

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$6,000
Out-of-Network	=	\$5,500 / \$7,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$197.39**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$108.56	-	-	-
6-18 **	\$96.72	\$189.49	\$193.44	\$258.58
19-20	\$144.09	\$280.29	\$286.22	\$384.91
21	\$144.09	\$280.29	\$286.22	\$384.91
22	\$144.09	\$280.29	\$286.22	\$384.91
23	\$144.09	\$280.29	\$286.22	\$384.91
24	\$144.09	\$280.29	\$286.22	\$384.91
25	\$144.09	\$280.29	\$286.22	\$384.91
26	\$144.09	\$280.29	\$286.22	\$384.91
27	\$144.09	\$280.29	\$286.22	\$384.91
28	\$144.09	\$280.29	\$286.22	\$384.91
29	\$144.09	\$280.29	\$286.22	\$384.91
30	\$144.09	\$280.29	\$286.22	\$384.91
31	\$144.09	\$280.29	\$286.22	\$384.91
32	\$144.09	\$280.29	\$286.22	\$384.91
33	\$148.04	\$288.19	\$294.11	\$394.78
34	\$153.96	\$300.03	\$305.95	\$410.57
35	\$159.89	\$311.88	\$317.80	\$426.36
36	\$165.81	\$323.72	\$329.64	\$442.15
37	\$171.73	\$335.56	\$343.46	\$459.92
38	\$177.65	\$349.38	\$357.28	\$477.68
39	\$185.55	\$363.20	\$371.09	\$495.45
40	\$193.44	\$377.01	\$384.91	\$515.19
41	\$199.36	\$392.81	\$400.70	\$534.93
42	\$207.26	\$406.62	\$416.49	\$556.64
43	\$215.16	\$422.41	\$432.28	\$578.35
44	\$225.02	\$440.18	\$448.08	\$602.04
45	\$232.92	\$455.97	\$465.84	\$625.73
46	\$242.79	\$473.74	\$483.61	\$649.41
47	\$252.66	\$493.48	\$503.34	\$675.07
48	\$262.53	\$513.21	\$523.08	\$700.73
49	\$272.40	\$532.95	\$542.82	\$728.37
50	\$282.27	\$552.69	\$564.54	\$757.98
51	\$294.11	\$574.40	\$586.25	\$787.59
52	\$305.95	\$598.09	\$609.94	\$817.19
53	\$317.80	\$621.78	\$633.62	\$848.78
54	\$329.64	\$645.47	\$659.28	\$882.33
55	\$341.48	\$671.13	\$684.94	\$915.89
56	\$355.30	\$696.79	\$710.60	\$953.39
57	\$369.12	\$724.42	\$738.24	\$988.92
58	\$382.94	\$752.06	\$767.85	\$1,028.40
59	\$398.73	\$781.66	\$797.46	\$1,067.88
60	\$414.52	\$811.27	\$829.04	\$1,111.31
61	\$430.31	\$842.86	\$860.62	\$1,154.73
62	\$430.31	\$842.86	\$860.62	\$1,154.73
63	\$430.31	\$842.86	\$860.62	\$1,154.73
64	\$430.31	\$842.86	\$860.62	\$1,154.73
65	\$430.31	\$842.86	\$860.62	\$1,154.73
>65 Non Medicare Eligible	\$430.31	\$842.86	\$860.62	\$1,154.73
65+ Medicare Eligible**	\$430.31	\$842.86	\$860.62	\$1,154.73

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$6,000
Out-of-Network	=	\$5,500 / \$7,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$236.86**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$130.27	-	-	-
6-18 **	\$116.06	\$227.39	\$232.12	\$310.29
19-20	\$172.91	\$336.34	\$343.45	\$461.88
21	\$172.91	\$336.34	\$343.45	\$461.88
22	\$172.91	\$336.34	\$343.45	\$461.88
23	\$172.91	\$336.34	\$343.45	\$461.88
24	\$172.91	\$336.34	\$343.45	\$461.88
25	\$172.91	\$336.34	\$343.45	\$461.88
26	\$172.91	\$336.34	\$343.45	\$461.88
27	\$172.91	\$336.34	\$343.45	\$461.88
28	\$172.91	\$336.34	\$343.45	\$461.88
29	\$172.91	\$336.34	\$343.45	\$461.88
30	\$172.91	\$336.34	\$343.45	\$461.88
31	\$172.91	\$336.34	\$343.45	\$461.88
32	\$172.91	\$336.34	\$343.45	\$461.88
33	\$177.65	\$345.82	\$352.92	\$473.72
34	\$184.75	\$360.03	\$367.13	\$492.67
35	\$191.86	\$374.24	\$381.34	\$511.62
36	\$198.96	\$388.45	\$395.56	\$530.57
37	\$206.07	\$402.66	\$412.14	\$551.88
38	\$213.17	\$419.24	\$428.72	\$573.20
39	\$222.65	\$435.82	\$445.30	\$594.52
40	\$232.12	\$452.40	\$461.88	\$618.20
41	\$239.23	\$471.35	\$480.83	\$641.89
42	\$248.70	\$487.93	\$499.77	\$667.95
43	\$258.18	\$506.88	\$518.72	\$694.00
44	\$270.02	\$528.20	\$537.67	\$722.42
45	\$279.49	\$547.15	\$558.99	\$750.85
46	\$291.34	\$568.46	\$580.31	\$779.27
47	\$303.18	\$592.15	\$603.99	\$810.06
48	\$315.02	\$615.84	\$627.68	\$840.85
49	\$326.87	\$639.52	\$651.37	\$874.01
50	\$338.71	\$663.21	\$677.42	\$909.54
51	\$352.92	\$689.26	\$703.47	\$945.07
52	\$367.13	\$717.69	\$731.90	\$980.60
53	\$381.34	\$746.11	\$760.32	\$1,018.50
54	\$395.56	\$774.53	\$791.11	\$1,058.76
55	\$409.77	\$805.32	\$821.90	\$1,099.03
56	\$426.35	\$836.12	\$852.70	\$1,144.03
57	\$442.93	\$869.28	\$885.86	\$1,186.67
58	\$459.51	\$902.44	\$921.39	\$1,234.04
59	\$478.46	\$937.97	\$956.91	\$1,281.41
60	\$497.41	\$973.49	\$994.81	\$1,333.52
61	\$516.35	\$1,011.39	\$1,032.71	\$1,385.63
62	\$516.35	\$1,011.39	\$1,032.71	\$1,385.63
63	\$516.35	\$1,011.39	\$1,032.71	\$1,385.63
64	\$516.35	\$1,011.39	\$1,032.71	\$1,385.63
65	\$516.35	\$1,011.39	\$1,032.71	\$1,385.63
>65 Non Medicare Eligible	\$516.35	\$1,011.39	\$1,032.71	\$1,385.63
65+ Medicare Eligible**	\$516.35	\$1,011.39	\$1,032.71	\$1,385.63

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$7,500
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$114.56**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$63.01	-	-	-
6-18 **	\$56.13	\$109.98	\$112.27	\$150.07
19-20	\$83.63	\$162.68	\$166.11	\$223.39
21	\$83.63	\$162.68	\$166.11	\$223.39
22	\$83.63	\$162.68	\$166.11	\$223.39
23	\$83.63	\$162.68	\$166.11	\$223.39
24	\$83.63	\$162.68	\$166.11	\$223.39
25	\$83.63	\$162.68	\$166.11	\$223.39
26	\$83.63	\$162.68	\$166.11	\$223.39
27	\$83.63	\$162.68	\$166.11	\$223.39
28	\$83.63	\$162.68	\$166.11	\$223.39
29	\$83.63	\$162.68	\$166.11	\$223.39
30	\$83.63	\$162.68	\$166.11	\$223.39
31	\$83.63	\$162.68	\$166.11	\$223.39
32	\$83.63	\$162.68	\$166.11	\$223.39
33	\$85.92	\$167.26	\$170.69	\$229.12
34	\$89.36	\$174.13	\$177.57	\$238.28
35	\$92.79	\$181.00	\$184.44	\$247.45
36	\$96.23	\$187.88	\$191.32	\$256.61
37	\$99.67	\$194.75	\$199.33	\$266.92
38	\$103.10	\$202.77	\$207.35	\$277.24
39	\$107.69	\$210.79	\$215.37	\$287.55
40	\$112.27	\$218.81	\$223.39	\$299.00
41	\$115.71	\$227.97	\$232.56	\$310.46
42	\$120.29	\$235.99	\$241.72	\$323.06
43	\$124.87	\$245.16	\$250.89	\$335.66
44	\$130.60	\$255.47	\$260.05	\$349.41
45	\$135.18	\$264.63	\$270.36	\$363.16
46	\$140.91	\$274.94	\$280.67	\$376.90
47	\$146.64	\$286.40	\$292.13	\$391.80
48	\$152.36	\$297.86	\$303.58	\$406.69
49	\$158.09	\$309.31	\$315.04	\$422.73
50	\$163.82	\$320.77	\$327.64	\$439.91
51	\$170.69	\$333.37	\$340.24	\$457.09
52	\$177.57	\$347.12	\$353.99	\$474.28
53	\$184.44	\$360.86	\$367.74	\$492.61
54	\$191.32	\$374.61	\$382.63	\$512.08
55	\$198.19	\$389.50	\$397.52	\$531.56
56	\$206.21	\$404.40	\$412.42	\$553.32
57	\$214.23	\$420.44	\$428.45	\$573.95
58	\$222.25	\$436.47	\$445.64	\$596.86
59	\$231.41	\$453.66	\$462.82	\$619.77
60	\$240.58	\$470.84	\$481.15	\$644.97
61	\$249.74	\$489.17	\$499.48	\$670.18
62	\$249.74	\$489.17	\$499.48	\$670.18
63	\$249.74	\$489.17	\$499.48	\$670.18
64	\$249.74	\$489.17	\$499.48	\$670.18
65	\$249.74	\$489.17	\$499.48	\$670.18
>65 Non Medicare Eligible	\$249.74	\$489.17	\$499.48	\$670.18
65+ Medicare Eligible**	\$249.74	\$489.17	\$499.48	\$670.18

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$7,500
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$120.29**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$66.16	-	-	-
6-18 **	\$58.94	\$115.48	\$117.88	\$157.58
19-20	\$87.81	\$170.81	\$174.42	\$234.57
21	\$87.81	\$170.81	\$174.42	\$234.57
22	\$87.81	\$170.81	\$174.42	\$234.57
23	\$87.81	\$170.81	\$174.42	\$234.57
24	\$87.81	\$170.81	\$174.42	\$234.57
25	\$87.81	\$170.81	\$174.42	\$234.57
26	\$87.81	\$170.81	\$174.42	\$234.57
27	\$87.81	\$170.81	\$174.42	\$234.57
28	\$87.81	\$170.81	\$174.42	\$234.57
29	\$87.81	\$170.81	\$174.42	\$234.57
30	\$87.81	\$170.81	\$174.42	\$234.57
31	\$87.81	\$170.81	\$174.42	\$234.57
32	\$87.81	\$170.81	\$174.42	\$234.57
33	\$90.22	\$175.62	\$179.23	\$240.58
34	\$93.83	\$182.84	\$186.45	\$250.20
35	\$97.43	\$190.06	\$193.67	\$259.83
36	\$101.04	\$197.28	\$200.88	\$269.45
37	\$104.65	\$204.49	\$209.30	\$280.28
38	\$108.26	\$212.91	\$217.72	\$291.10
39	\$113.07	\$221.33	\$226.15	\$301.93
40	\$117.88	\$229.75	\$234.57	\$313.96
41	\$121.49	\$239.38	\$244.19	\$325.99
42	\$126.30	\$247.80	\$253.81	\$339.22
43	\$131.12	\$257.42	\$263.44	\$352.45
44	\$137.13	\$268.25	\$273.06	\$366.88
45	\$141.94	\$277.87	\$283.88	\$381.32
46	\$147.96	\$288.70	\$294.71	\$395.75
47	\$153.97	\$300.73	\$306.74	\$411.39
48	\$159.99	\$312.75	\$318.77	\$427.03
49	\$166.00	\$324.78	\$330.80	\$443.87
50	\$172.01	\$336.81	\$344.03	\$461.91
51	\$179.23	\$350.04	\$357.26	\$479.96
52	\$186.45	\$364.48	\$371.70	\$498.00
53	\$193.67	\$378.91	\$386.13	\$517.25
54	\$200.88	\$393.35	\$401.77	\$537.70
55	\$208.10	\$408.99	\$417.41	\$558.15
56	\$216.52	\$424.62	\$433.04	\$581.00
57	\$224.94	\$441.46	\$449.88	\$602.65
58	\$233.36	\$458.30	\$467.93	\$626.71
59	\$242.99	\$476.35	\$485.97	\$650.77
60	\$252.61	\$494.39	\$505.22	\$677.23
61	\$262.23	\$513.64	\$524.46	\$703.70
62	\$262.23	\$513.64	\$524.46	\$703.70
63	\$262.23	\$513.64	\$524.46	\$703.70
64	\$262.23	\$513.64	\$524.46	\$703.70
65	\$262.23	\$513.64	\$524.46	\$703.70
>65 Non Medicare Eligible	\$262.23	\$513.64	\$524.46	\$703.70
65+ Medicare Eligible**	\$262.23	\$513.64	\$524.46	\$703.70

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$7,500
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$137.47**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$75.61	-	-	-
6-18 **	\$67.36	\$131.97	\$134.72	\$180.09
19-20	\$100.35	\$195.21	\$199.33	\$268.07
21	\$100.35	\$195.21	\$199.33	\$268.07
22	\$100.35	\$195.21	\$199.33	\$268.07
23	\$100.35	\$195.21	\$199.33	\$268.07
24	\$100.35	\$195.21	\$199.33	\$268.07
25	\$100.35	\$195.21	\$199.33	\$268.07
26	\$100.35	\$195.21	\$199.33	\$268.07
27	\$100.35	\$195.21	\$199.33	\$268.07
28	\$100.35	\$195.21	\$199.33	\$268.07
29	\$100.35	\$195.21	\$199.33	\$268.07
30	\$100.35	\$195.21	\$199.33	\$268.07
31	\$100.35	\$195.21	\$199.33	\$268.07
32	\$100.35	\$195.21	\$199.33	\$268.07
33	\$103.10	\$200.71	\$204.83	\$274.94
34	\$107.23	\$208.95	\$213.08	\$285.94
35	\$111.35	\$217.20	\$221.33	\$296.94
36	\$115.47	\$225.45	\$229.57	\$307.93
37	\$119.60	\$233.70	\$239.20	\$320.31
38	\$123.72	\$243.32	\$248.82	\$332.68
39	\$129.22	\$252.94	\$258.44	\$345.05
40	\$134.72	\$262.57	\$268.07	\$358.80
41	\$138.84	\$273.57	\$279.06	\$372.54
42	\$144.34	\$283.19	\$290.06	\$387.67
43	\$149.84	\$294.19	\$301.06	\$402.79
44	\$156.72	\$306.56	\$312.06	\$419.28
45	\$162.21	\$317.56	\$324.43	\$435.78
46	\$169.09	\$329.93	\$336.80	\$452.28
47	\$175.96	\$343.68	\$350.55	\$470.15
48	\$182.84	\$357.42	\$364.30	\$488.02
49	\$189.71	\$371.17	\$378.04	\$507.26
50	\$196.58	\$384.92	\$393.16	\$527.88
51	\$204.83	\$400.04	\$408.29	\$548.51
52	\$213.08	\$416.53	\$424.78	\$569.13
53	\$221.33	\$433.03	\$441.28	\$591.12
54	\$229.57	\$449.53	\$459.15	\$614.49
55	\$237.82	\$467.40	\$477.02	\$637.86
56	\$247.45	\$485.27	\$494.89	\$663.98
57	\$257.07	\$504.51	\$514.14	\$688.72
58	\$266.69	\$523.76	\$534.76	\$716.22
59	\$277.69	\$544.38	\$555.38	\$743.71
60	\$288.69	\$565.00	\$577.37	\$773.96
61	\$299.68	\$587.00	\$599.37	\$804.20
62	\$299.68	\$587.00	\$599.37	\$804.20
63	\$299.68	\$587.00	\$599.37	\$804.20
64	\$299.68	\$587.00	\$599.37	\$804.20
65	\$299.68	\$587.00	\$599.37	\$804.20
>65 Non Medicare Eligible	\$299.68	\$587.00	\$599.37	\$804.20
65+ Medicare Eligible**	\$299.68	\$587.00	\$599.37	\$804.20

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$7,500
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$148.93**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$81.91	-	-	-
6-18 **	\$72.98	\$142.97	\$145.95	\$195.10
19-20	\$108.72	\$211.48	\$215.95	\$290.41
21	\$108.72	\$211.48	\$215.95	\$290.41
22	\$108.72	\$211.48	\$215.95	\$290.41
23	\$108.72	\$211.48	\$215.95	\$290.41
24	\$108.72	\$211.48	\$215.95	\$290.41
25	\$108.72	\$211.48	\$215.95	\$290.41
26	\$108.72	\$211.48	\$215.95	\$290.41
27	\$108.72	\$211.48	\$215.95	\$290.41
28	\$108.72	\$211.48	\$215.95	\$290.41
29	\$108.72	\$211.48	\$215.95	\$290.41
30	\$108.72	\$211.48	\$215.95	\$290.41
31	\$108.72	\$211.48	\$215.95	\$290.41
32	\$108.72	\$211.48	\$215.95	\$290.41
33	\$111.70	\$217.44	\$221.91	\$297.86
34	\$116.17	\$226.37	\$230.84	\$309.77
35	\$120.63	\$235.31	\$239.78	\$321.69
36	\$125.10	\$244.25	\$248.71	\$333.60
37	\$129.57	\$253.18	\$259.14	\$347.01
38	\$134.04	\$263.61	\$269.56	\$360.41
39	\$139.99	\$274.03	\$279.99	\$373.81
40	\$145.95	\$284.46	\$290.41	\$388.71
41	\$150.42	\$296.37	\$302.33	\$403.60
42	\$156.38	\$306.80	\$314.24	\$419.98
43	\$162.33	\$318.71	\$326.16	\$436.36
44	\$169.78	\$332.11	\$338.07	\$454.24
45	\$175.74	\$344.03	\$351.47	\$472.11
46	\$183.18	\$357.43	\$364.88	\$489.98
47	\$190.63	\$372.33	\$379.77	\$509.34
48	\$198.08	\$387.22	\$394.66	\$528.70
49	\$205.52	\$402.11	\$409.56	\$549.55
50	\$212.97	\$417.00	\$425.94	\$571.89
51	\$221.91	\$433.39	\$442.32	\$594.23
52	\$230.84	\$451.26	\$460.19	\$616.57
53	\$239.78	\$469.13	\$478.07	\$640.40
54	\$248.71	\$487.00	\$497.43	\$665.72
55	\$257.65	\$506.36	\$516.79	\$691.04
56	\$268.07	\$525.72	\$536.15	\$719.33
57	\$278.50	\$546.57	\$557.00	\$746.14
58	\$288.92	\$567.42	\$579.34	\$775.93
59	\$300.84	\$589.76	\$601.68	\$805.71
60	\$312.75	\$612.10	\$625.51	\$838.48
61	\$324.67	\$635.93	\$649.33	\$871.24
62	\$324.67	\$635.93	\$649.33	\$871.24
63	\$324.67	\$635.93	\$649.33	\$871.24
64	\$324.67	\$635.93	\$649.33	\$871.24
65	\$324.67	\$635.93	\$649.33	\$871.24
>65 Non Medicare Eligible	\$324.67	\$635.93	\$649.33	\$871.24
65+ Medicare Eligible**	\$324.67	\$635.93	\$649.33	\$871.24

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$7,500
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$171.84**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$94.51	-	-	-
6-18 **	\$84.20	\$164.97	\$168.40	\$225.11
19-20	\$125.44	\$244.01	\$249.17	\$335.09
21	\$125.44	\$244.01	\$249.17	\$335.09
22	\$125.44	\$244.01	\$249.17	\$335.09
23	\$125.44	\$244.01	\$249.17	\$335.09
24	\$125.44	\$244.01	\$249.17	\$335.09
25	\$125.44	\$244.01	\$249.17	\$335.09
26	\$125.44	\$244.01	\$249.17	\$335.09
27	\$125.44	\$244.01	\$249.17	\$335.09
28	\$125.44	\$244.01	\$249.17	\$335.09
29	\$125.44	\$244.01	\$249.17	\$335.09
30	\$125.44	\$244.01	\$249.17	\$335.09
31	\$125.44	\$244.01	\$249.17	\$335.09
32	\$125.44	\$244.01	\$249.17	\$335.09
33	\$128.88	\$250.89	\$256.04	\$343.68
34	\$134.04	\$261.20	\$266.35	\$357.43
35	\$139.19	\$271.51	\$276.66	\$371.17
36	\$144.35	\$281.82	\$286.97	\$384.92
37	\$149.50	\$292.13	\$299.00	\$400.39
38	\$154.66	\$304.16	\$311.03	\$415.85
39	\$161.53	\$316.19	\$323.06	\$431.32
40	\$168.40	\$328.21	\$335.09	\$448.50
41	\$173.56	\$341.96	\$348.84	\$465.69
42	\$180.43	\$353.99	\$362.58	\$484.59
43	\$187.31	\$367.74	\$376.33	\$503.49
44	\$195.90	\$383.20	\$390.08	\$524.11
45	\$202.77	\$396.95	\$405.54	\$544.73
46	\$211.36	\$412.42	\$421.01	\$565.35
47	\$219.96	\$429.60	\$438.19	\$587.69
48	\$228.55	\$446.78	\$455.38	\$610.03
49	\$237.14	\$463.97	\$472.56	\$634.09
50	\$245.73	\$481.15	\$491.46	\$659.87
51	\$256.04	\$500.05	\$510.36	\$685.64
52	\$266.35	\$520.68	\$530.99	\$711.42
53	\$276.66	\$541.30	\$551.61	\$738.91
54	\$286.97	\$561.92	\$573.95	\$768.12
55	\$297.28	\$584.26	\$596.28	\$797.34
56	\$309.31	\$606.60	\$618.62	\$829.99
57	\$321.34	\$630.65	\$642.68	\$860.92
58	\$333.37	\$654.71	\$668.46	\$895.29
59	\$347.12	\$680.49	\$694.23	\$929.65
60	\$360.86	\$706.26	\$721.73	\$967.46
61	\$374.61	\$733.76	\$749.22	\$1,005.26
62	\$374.61	\$733.76	\$749.22	\$1,005.26
63	\$374.61	\$733.76	\$749.22	\$1,005.26
64	\$374.61	\$733.76	\$749.22	\$1,005.26
65	\$374.61	\$733.76	\$749.22	\$1,005.26
>65 Non Medicare Eligible	\$374.61	\$733.76	\$749.22	\$1,005.26
65+ Medicare Eligible**	\$374.61	\$733.76	\$749.22	\$1,005.26

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$7,500
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$206.21**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$113.42	-	-	-
6-18 **	\$101.04	\$197.96	\$202.09	\$270.14
19-20	\$150.53	\$292.82	\$299.00	\$402.11
21	\$150.53	\$292.82	\$299.00	\$402.11
22	\$150.53	\$292.82	\$299.00	\$402.11
23	\$150.53	\$292.82	\$299.00	\$402.11
24	\$150.53	\$292.82	\$299.00	\$402.11
25	\$150.53	\$292.82	\$299.00	\$402.11
26	\$150.53	\$292.82	\$299.00	\$402.11
27	\$150.53	\$292.82	\$299.00	\$402.11
28	\$150.53	\$292.82	\$299.00	\$402.11
29	\$150.53	\$292.82	\$299.00	\$402.11
30	\$150.53	\$292.82	\$299.00	\$402.11
31	\$150.53	\$292.82	\$299.00	\$402.11
32	\$150.53	\$292.82	\$299.00	\$402.11
33	\$154.66	\$301.07	\$307.25	\$412.42
34	\$160.84	\$313.44	\$319.63	\$428.92
35	\$167.03	\$325.81	\$332.00	\$445.41
36	\$173.22	\$338.18	\$344.37	\$461.91
37	\$179.40	\$350.56	\$358.81	\$480.47
38	\$185.59	\$364.99	\$373.24	\$499.03
39	\$193.84	\$379.43	\$387.67	\$517.59
40	\$202.09	\$393.86	\$402.11	\$538.21
41	\$208.27	\$410.36	\$418.61	\$558.83
42	\$216.52	\$424.79	\$435.10	\$581.51
43	\$224.77	\$441.29	\$451.60	\$604.20
44	\$235.08	\$459.85	\$468.10	\$628.94
45	\$243.33	\$476.35	\$486.66	\$653.69
46	\$253.64	\$494.90	\$505.21	\$678.43
47	\$263.95	\$515.53	\$525.84	\$705.24
48	\$274.26	\$536.15	\$546.46	\$732.05
49	\$284.57	\$556.77	\$567.08	\$760.91
50	\$294.88	\$577.39	\$589.76	\$791.85
51	\$307.25	\$600.07	\$612.44	\$822.78
52	\$319.63	\$624.82	\$637.19	\$853.71
53	\$332.00	\$649.56	\$661.93	\$886.70
54	\$344.37	\$674.31	\$688.74	\$921.76
55	\$356.74	\$701.11	\$715.55	\$956.81
56	\$371.18	\$727.92	\$742.36	\$995.99
57	\$385.61	\$756.79	\$771.23	\$1,033.11
58	\$400.05	\$785.66	\$802.16	\$1,074.35
59	\$416.54	\$816.59	\$833.09	\$1,115.60
60	\$433.04	\$847.52	\$866.08	\$1,160.96
61	\$449.54	\$880.52	\$899.08	\$1,206.33
62	\$449.54	\$880.52	\$899.08	\$1,206.33
63	\$449.54	\$880.52	\$899.08	\$1,206.33
64	\$449.54	\$880.52	\$899.08	\$1,206.33
65	\$449.54	\$880.52	\$899.08	\$1,206.33
>65 Non Medicare Eligible	\$449.54	\$880.52	\$899.08	\$1,206.33
65+ Medicare Eligible**	\$449.54	\$880.52	\$899.08	\$1,206.33

****not available to new sales**

<i>SERFF Tracking Number:</i>	<i>CFAP-128226313</i>	<i>State:</i>	<i>District of Columbia</i>
<i>Filing Company:</i>	<i>CareFirst BlueChoice, Inc.</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>1768</i>		
<i>TOI:</i>	<i>HOrg02I Individual Health Organizations - Health Maintenance (HMO)</i>	<i>Sub-TOI:</i>	<i>HOrg02I.005D Individual - HMO</i>
<i>Product Name:</i>	<i>DC HMO HB 3.0</i>		
<i>Project Name/Number:</i>	<i>1768_DC HMO HB 3.0 /1768</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification	
Comments:		
Attachment:		
1768 DC BC HB 3.0 - Actuarial Memorandum - Revised 5-16-12.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet	
Bypass Reason:	n/a	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form	
Bypass Reason:	n/a	
Comments:		

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO

District of Columbia

Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx

Rate Filing # 1768
Actuarial Memorandum

Effective 8/1/2012

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Rate Filing # 1768
Actuarial Memorandum
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ACTUARIAL CERTIFICATION

I, Brad Boban, am a Pricing Actuary with CareFirst BlueCross BlueShield of which CareFirst BlueChoice, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge, these rating methodologies comply with applicable laws and regulations of the District of Columbia, and produce premiums that are reasonable in relation to benefits, and are based on sound and commonly accepted actuarial principles.

Brad Boban

Digitally signed by Brad Boban
DN: cn=Brad Boban, o=CareFirst BlueCross
BlueShield, ou=Actuarial Pricing,
email=brad.boban@carefirst.com, c=US
Date: 2012.05.16 10:40:49 -04'00'

Brad Boban, ASA, MAAA
Senior Actuarial Assistant, Supervisor
CareFirst BlueChoice, Incorporated
Mail Drop-Point 01-780
10455 Mill Run Circle
Owings Mills, Md. 21117

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
Rate Filing # 1768
District of Columbia
HealthyBlue 3.0 (HB3) - PPACA

The attached rate filing pertains to the individual non-Medigap underwritten business of CareFirst BlueCross BlueShield. These rates are for our new HealthyBlue 3.0 product line, which we seek to start selling effective 8/1/12. HealthyBlue 3.0 targets some higher deductible levels than HealthyBlue 2.0. Additionally, there are some benefit changes. The most significant are 1) The HB 3.0 product line consists of HSAs only; 2) Coverage received out-of-area with the BlueCard will now receive in-network level of benefits and 3) The introduction of different copays for Outpatient Facility at a non-hospital based setting (free-standing) and Outpatient Facility at a hospital based setting, to direct services to the more cost effective freestanding option.

All of the new HSA benefits will follow the underwriting criteria and counteroffer structure of the existing HealthyBlue. (Standard, 5% counter, 20% counter, 30% counter, 50% counter, 80% counter). BlueVision also remains as core to these plans.

There is no plan to cease selling HealthyBlue 2.0 at this time. These new options will be sold in addition to the two HealthyBlue 2.0 options.

Members in the current HealthyBlue product line will have the option to voluntarily switch into the equivalent deductible level of the new HealthyBlue 3.0 without going through medical re-underwriting. Consistent with our internal business rules that prohibit changing to a richer benefit without re-underwriting (to avoid anti-selection), members who wish to switch from a higher deductible option to a lower deductible option will have to go through underwriting to do so.

To be clear, all the above changes between options are at the member's complete discretion. We will not be forcing anybody from their current HealthyBlue product into a new one.

The Form numbers associated with this filing are:

DC/CFBC/HBADV/DOCS (7/12)
DC/CFBC/HBADV/SOB (7/12)
DC/CFBC/HBADV/IEA (7/12)
DC/CFBC/DB/CHILD ONLY ELIG (R. 7/12)
DC/CFBC/DB/HBADV/RX (7/12)
DC/CFBC/DB/HBADV/IPP (7/12)

CareFirst BlueCross Blue Shield
Itemization of Premium Components by Product
Individual non-Medigap: DC BlueChoice

	1	2	3	4	5	6	7	8	9	10
	H.S.A. & HB									
	Members a/o 12/31/11		763							
	Member to Contract Ratio		1.229							
		Function	Vendor	Unit PCPM	% BlueFund or Brokered	Composite PCPM	Unit PMPM	Composite PMPM	%	\$s
1		Projected Claims (+ Capitations)						\$319	72.3%	\$2,916,378
2		Admin Costs						\$78.87	17.9%	\$722,129
3		Broker Commissions & Fees						\$16.40	3.7%	\$150,158
4		Contrib to Reserve						\$11.46	2.6%	\$104,890
5		Invst Income Credit						(\$0.00)	0.00%	(\$4)
6		Premium Tax/Community Health Investment						\$8.81	2.0%	\$80,685
7		Assessment Fees						\$0.38	0.1%	\$3,524
8		Federal Income Tax						\$6.17	1.4%	\$56,479
9		State Income Tax						\$0.00	0.0%	\$0
10								\$0.00	0.0%	\$0
11		Risk Charge						\$0.00	0.0%	\$0
12		SUBTOTAL:						\$441	100.0%	\$4,034,239

CareFirst BlueChoice, Inc. (NAIC No. 96202)
District of Columbia HealthyBlue 3.0 (HB3) - PPACA
Effective 8/1/2012
HealthyBlue Benefit Summary

		HB 2.0		HB 3.0			
		Existing \$1,500 Deductible Dual Option	Existing \$2,500 Deductible Dual Option	New \$1,500 HSA	New \$3,000 HSA	New \$4,000 HSA	New \$5,000 HSA
Option 1 Benefits (In-Network for new benefits)	PCP Required	Yes	Yes	No	No	No	No
	Referrals Required	No	No	No	No	No	No
	Ded	\$1,500	\$2,500	\$1,500	\$3,000	\$4,000	\$5,000
	OOP Max	\$4,500	\$5,000	\$3,000	\$5,000	\$6,000	\$6,050
	Routine Physical	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	PCP Copay	No Charge	No Charge	Ded, then no charge	Ded, then no charge	Ded, then no charge	Ded, then no charge
	SCP Copay	\$40 Copay	\$40 Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay
	I/P Facility Copay	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day
	O/P Facility (non-hospital) Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay
	O/P Facility (hospital) Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$200 copay	Ded, then \$200 copay	Ded, then \$200 copay	Ded, then \$200 copay
Option 2 Benefits (Out-of-Network for new benefits)	PCP Required	No	No	No	No	No	No
	Referrals Required	No	No	No	No	No	No
	Ded	\$2,500	\$3,500	\$3,000	\$4,500	\$5,500	\$6,050
	OOP Max	\$5,900	\$5,900	\$4,000	\$6,000	\$7,000	\$7,500
	Routine Physical	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge
	PCP Copay	Ded, \$40 copay	Ded, No Charge	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75
	SCP Copay	Ded, \$40 copay	Ded, No Charge	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75
	I/P Facility Copay	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day
	O/P Facility (non-hospital) Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay
	O/P Facility (hospital) Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Emergency Services	Subject to Ded	No	No	Yes	Yes	Yes	Yes
	ER Copay (waived if admitted)	\$200	\$200	\$200	\$200	\$200	\$200
	UC Copay (Participating)	\$50	\$50	\$50	\$50	\$50	\$50
	Rx Coverage:	Not integrated with Medical	Not integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
	Rx Copays	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200
	Rx Deductible	\$400 stand-alone	\$400 stand-alone				

HEALTHYBLUE 3
INDIVIDUAL NON-MEDIGAP MARKET - DISTRICT OF COLUMBIA
GROSS INDIVIDUAL MONTHLY PREMIUMS EFFECTIVE 3Q12
Itemization of Pricing From HB2 to HB3

			<u>Medical</u>	<u>RX</u>	<u>Monthly Premium</u>
1	HB2 \$1,500	Non-H.S.A.	\$176.81	\$34.35	\$211.16
2	RX benefit Difference			105.5%	
	Cost Share Δ- Office Visits	In-net PCP & Specialist subject to Deductible	96.0%		
	Cost Share Δ- Hospital OP Facility	OP Facility Hospital copay increase (\$40 to \$200 in-net, \$125 to \$500 OON)	97.8%		
	Cost Share Δ-OON	OON office visits from \$40 to \$75	98.9%		
	OOA Access Fees	Fees for out-of-area BlueCard usage, assuming 20% OOA	102.7%		
	Augment vs Replace	Additional fees assuming higher 67% out-of-area, b/c of antiselection from augmenting HB 2.0 instead of replacing it	106.3%		
	POS Selection	Additional utilization observed for point-of-service product vs. HMO product w/ same in-net benefits.	110.7%	110.7%	
	Induced HSA behavior	Utilization reduction attributed to HSA account, all benefits being equal	90.0%	90.0%	
	Increased CtR	Pre-tax CtR target at more conservative 4% vs 2% for HB 2.0	102.5%	102.5%	
	HB3 \$1,500	H.S.A.	\$183.17	\$37.02	\$220.20
	Δ				4.3%
				H.S.A. 5K	H.S.A. \$1.5K
		Medical	\$87.34	\$99.84	\$120.68
		RX	\$27.22	\$31.74	\$35.17
		SUM:	\$114.56	\$131.59	\$155.85
					\$220.20

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia - HMO
Effective 8/1/2012
Age & Tier Factors

Gender Rated HealthyBlue 3.0						
Age Band	Age Factor	Tier Factors				Age Factor
	Age Factor	Individual	Individual/C hild(ren)	Individual/A dult	Family	Incremental Change
0-5	0.550	1.00				
6-18	0.490	1.00	1.96	2.00	2.68	-10.9%
19-20	0.727	1.00	1.96	2.00	2.68	48.4%
21	0.727	1.00	1.96	2.00	2.68	0.0%
22	0.727	1.00	1.96	2.00	2.68	0.0%
23	0.727	1.00	1.96	2.00	2.68	0.0%
24	0.727	1.00	1.96	2.00	2.68	0.0%
25	0.727	1.00	1.96	2.00	2.68	0.0%
26	0.727	1.00	1.96	2.00	2.68	0.0%
27	0.727	1.00	1.96	2.00	2.68	0.0%
28	0.727	1.00	1.96	2.00	2.68	0.0%
29	0.727	1.00	1.96	2.00	2.68	0.0%
30	0.727	1.00	1.96	2.00	2.68	0.0%
31	0.727	1.00	1.96	2.00	2.68	0.0%
32	0.727	1.00	1.96	2.00	2.68	0.0%
33	0.746	1.00	1.96	2.00	2.68	2.6%
34	0.775	1.00	1.96	2.00	2.68	3.9%
35	0.805	1.00	1.96	2.00	2.68	3.9%
36	0.836	1.00	1.96	2.00	2.68	3.9%
37	0.869	1.00	1.96	2.00	2.68	3.9%
38	0.903	1.00	1.96	2.00	2.68	3.9%
39	0.938	1.00	1.96	2.00	2.68	3.9%
40	0.975	1.00	1.96	2.00	2.68	3.9%
41	1.013	1.00	1.96	2.00	2.68	3.9%
42	1.053	1.00	1.96	2.00	2.68	3.9%
43	1.094	1.00	1.96	2.00	2.68	3.9%
44	1.137	1.00	1.96	2.00	2.68	3.9%
45	1.181	1.00	1.96	2.00	2.68	3.9%
46	1.227	1.00	1.96	2.00	2.68	3.9%
47	1.275	1.00	1.96	2.00	2.68	3.9%
48	1.325	1.00	1.96	2.00	2.68	3.9%
49	1.377	1.00	1.96	2.00	2.68	3.9%
50	1.431	1.00	1.96	2.00	2.68	3.9%
51	1.487	1.00	1.96	2.00	2.68	3.9%
52	1.545	1.00	1.96	2.00	2.68	3.9%
53	1.605	1.00	1.96	2.00	2.68	3.9%
54	1.668	1.00	1.96	2.00	2.68	3.9%
55	1.733	1.00	1.96	2.00	2.68	3.9%
56	1.801	1.00	1.96	2.00	2.68	3.9%
57	1.871	1.00	1.96	2.00	2.68	3.9%
58	1.944	1.00	1.96	2.00	2.68	3.9%
59	2.020	1.00	1.96	2.00	2.68	3.9%
60	2.099	1.00	1.96	2.00	2.68	3.9%
61	2.181	1.00	1.96	2.00	2.68	3.9%
62	2.181	1.00	1.96	2.00	2.68	0.0%
63	2.181	1.00	1.96	2.00	2.68	0.0%
64	2.181	1.00	1.96	2.00	2.68	0.0%
65	2.181	1.00	1.96	2.00	2.68	0.0%
>65 Non-Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%
>65 Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%
Rx						
>65 Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%

** Only for renewals; not available for new sales.

Min
Max
Average

Max Incremental Change for 20% cap

CareFirst BlueChoice, Inc. (NAIC No. 96202)

**Individual, Non-Medigap Business
District of Columbia - HMO
HealthyBlue 3.0 (HB3) - PPACA
Proposed Medical & Rx Base Rates**

Medical

	Proposed Base Rate 8/1/2012	CounterOffer (5% Load) 1.05	CounterOffer (20% Load) 1.2	CounterOffer (30% Load) 1.3	CounterOffer (50% Load) 1.5	CounterOffer (80% Load) 1.8
Underwritten						
HB HSA 3.0 \$1,500 Ded	\$220.20	\$231.21	\$264.24	\$286.26	\$330.30	\$396.36
HB HSA 3.0 \$3,000 Ded	\$155.85	\$163.64	\$187.02	\$202.61	\$233.78	\$280.53
HB HSA 3.0 \$4,000 Ded	\$131.59	\$138.17	\$157.91	\$171.07	\$197.39	\$236.86
HB HSA 3.0 \$5,000 Ded	\$114.56	\$120.29	\$137.47	\$148.93	\$171.84	\$206.21

SERFF Tracking Number: CFAP-128226313 State: District of Columbia

Filing Company: CareFirst BlueChoice, Inc. State Tracking Number:

Company Tracking Number: 1768

TOI: HOrg02I Individual Health Organizations - Sub-TOI: HOrg02I.005D Individual - HMO
Health Maintenance (HMO)

Product Name: DC HMO HB 3.0

Project Name/Number: 1768_DC HMO HB 3.0 /1768

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/11/2012	Supporting	Actuarial Justification Document	05/16/2012	1768 DC BC HB 3.0 - Actuarial Memorandum.pdf (Superceded)
04/11/2012	Rate and	1768_DC HMO HB 3.0 - Rate Filing Rule	05/16/2012	1768 DC BC HB 3.0 - Rate Filing.pdf (Superceded)
04/02/2012	Supporting	Actuarial Justification Document	04/11/2012	1768 DC BC HB 3.0 - Actuarial Memorandum.pdf (Superceded)
04/02/2012	Rate and	1768_DC HMO HB 3.0 - Rate Filing Rule	04/11/2012	1768 DC BC HB 3.0 - Rate Filing.pdf (Superceded)

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO

District of Columbia

Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx

Rate Filing # 1768
Actuarial Memorandum

Effective 8/1/2012

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Rate Filing # 1768
Actuarial Memorandum
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ACTUARIAL CERTIFICATION

I, Brad Boban, am a Pricing Actuary with CareFirst BlueCross BlueShield of which CareFirst BlueChoice, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge, these rating methodologies comply with applicable laws and regulations of the District of Columbia, and produce premiums that are reasonable in relation to benefits, and are based on sound and commonly accepted actuarial principles.

Brad Boban

Digitally signed by Brad Boban
DN: cn=Brad Boban, o=CareFirst BlueCross
BlueShield, ou=Actuarial Pricing,
email=brad.boban@carefirst.com, c=US
Date: 2012.04.11 13:57:45 -04'00'

Brad Boban, ASA, MAAA
Senior Actuarial Assistant, Supervisor
CareFirst BlueChoice, Incorporated
Mail Drop-Point 01-780
10455 Mill Run Circle
Owings Mills, Md. 21117

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
Rate Filing # 1768
District of Columbia
HealthyBlue 3.0 (HB3) - PPACA

The attached rate filing pertains to the individual non-Medigap underwritten business of CareFirst BlueCross BlueShield. These rates are for our new HealthyBlue 3.0 product line, which we seek to start selling effective 8/1/12. HealthyBlue 3.0 targets some higher deductible levels than HealthyBlue 2.0. Additionally, there are some benefit changes. The most significant are 1) The HB 3.0 product line consists of HSAs only; 2) Coverage received out-of-area with the BlueCard will now receive in-network level of benefits and 3) The introduction of different copays for Outpatient Facility at a non-hospital based setting (free-standing) and Outpatient Facility at a hospital based setting, to direct services to the more cost effective freestanding option.

All of the new HSA benefits will follow the underwriting criteria and counteroffer structure of the existing HealthyBlue. (Standard, 5% counter, 20% counter, 30% counter, 50% counter, 80% counter). BlueVision also remains as core to these plans.

There is no plan to cease selling HealthyBlue 2.0 at this time. These new options will be sold in addition to the two HealthyBlue 2.0 options.

Members in the current HealthyBlue product line will have the option to voluntarily switch into the equivalent deductible level of the new HealthyBlue 3.0 without going through medical re-underwriting. Consistent with our internal business rules that prohibit changing to a richer benefit without re-underwriting (to avoid anti-selection), members who wish to switch from a higher deductible option to a lower deductible option will have to go through underwriting to do so.

To be clear, all the above changes between options are at the member's complete discretion. We will not be forcing anybody from their current HealthyBlue product into a new one.

The Form numbers associated with this filing are:

DC/CFBC/HBADV/DOCS (7/12)
DC/CFBC/HBADV/SOB (7/12)
DC/CFBC/HBADV/IEA (7/12)
DC/CFBC/DB/CHILD ONLY ELIG (R. 7/12)
DC/CFBC/DB/HBADV/RX (7/12)
DC/CFBC/DB/HBADV/IPP (7/12)

CareFirst BlueChoice, Inc. (NAIC No. 96202)
District of Columbia HealthyBlue 3.0 (HB3) - PPACA
Effective 8/1/2012
HealthyBlue Benefit Summary

		HB 2.0		HB 3.0			
		Existing \$1,500 Deductible Dual Option	Existing \$2,500 Deductible Dual Option	New \$1,500 HSA	New \$3,000 HSA	New \$4,000 HSA	New \$5,000 HSA
Option 1 Benefits (In-Network for new benefits)	PCP Required	Yes	Yes	No	No	No	No
	Referrals Required	No	No	No	No	No	No
	Ded	\$1,500	\$2,500	\$1,500	\$3,000	\$4,000	\$5,000
	OOP Max	\$4,500	\$5,000	\$3,000	\$5,000	\$6,000	\$6,050
	Routine Physical	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	PCP Copay	No Charge	No Charge	Ded, then no charge	Ded, then no charge	Ded, then no charge	Ded, then no charge
	SCP Copay	\$40 Copay	\$40 Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay
	I/P Facility Copay	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day
	O/P Facility (non-hospital) Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay
	O/P Facility (hospital) Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$200 copay	Ded, then \$200 copay	Ded, then \$200 copay	Ded, then \$200 copay
Option 2 Benefits (Out-of-Network for new benefits)	PCP Required	No	No	No	No	No	No
	Referrals Required	No	No	No	No	No	No
	Ded	\$2,500	\$3,500	\$3,000	\$4,500	\$5,500	\$6,050
	OOP Max	\$5,900	\$5,900	\$4,000	\$6,000	\$6,250	\$6,250
	Routine Physical	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge
	PCP Copay	Ded, \$40 copay	Ded, No Charge	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75
	SCP Copay	Ded, \$40 copay	Ded, No Charge	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75
	I/P Facility Copay	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day
	O/P Facility (non-hospital) Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay
	O/P Facility (hospital) Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Emergency Services	Subject to Ded	No	No	Yes	Yes	Yes	Yes
	ER Copay (waived if admitted)	\$200	\$200	\$200	\$200	\$200	\$200
	UC Copay (Participating)	\$50	\$50	\$50	\$50	\$50	\$50
	Rx Coverage:	Not integrated with Medical	Not integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
	Rx Copays	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200
	Rx Deductible	\$400 stand-alone	\$400 stand-alone				

HEALTHYBLUE 3
INDIVIDUAL NON-MEDIGAP MARKET - DISTRICT OF COLUMBIA
GROSS INDIVIDUAL MONTHLY PREMIUMS EFFECTIVE 3Q12
Itemization of Pricing From HB2 to HB3

			<u>Medical</u>	<u>RX</u>	<u>Monthly Premium</u>
1	HB2 \$1,500	Non-H.S.A.	\$176.81	\$34.35	\$211.16
2	RX benefit Difference			105.5%	
	Cost Share Δ- Hospital OP Facility	copay from \$40 to \$150	97.8%		
	Cost Share Δ-OON	e.g., \$40 to \$125 Copays	98.9%		
	OOA Access Fees	20% OOA	102.7%		
	Augment vs Replace	67% OOA vs 20% OOA	106.3%		
	POS Selection		110.7%	110.7%	
	Induced HSA behavior		90.0%	90.0%	
	HB3 \$1,500	H.S.A.	\$186.07	\$36.11	\$222.17
	Δ				5.2%
			<u>H.S.A.</u>	<u>H.S.A.</u>	<u>H.S.A.</u>
			<u>5K</u>	<u>\$4.0K</u>	<u>\$3.0K</u>
		Medical	\$90.23	\$102.73	\$123.56
					\$186.06
		RX	\$26.54	\$30.96	\$34.30
		SUM:	\$116.77	\$133.69	\$157.86
					\$222.17

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia - HMO
Effective 8/1/2012
Age & Tier Factors

Gender Rated HealthyBlue 3.0						
Age Band	Age Factor	Tier Factors				Age Factor
	Age Factor	Individual	Individual/C hild(ren)	Individual/A dult	Family	Incremental Change
0-5	0.550	1.00				
6-18	0.490	1.00	1.96	2.00	2.68	-10.9%
19-20	0.727	1.00	1.96	2.00	2.68	48.4%
21	0.727	1.00	1.96	2.00	2.68	0.0%
22	0.727	1.00	1.96	2.00	2.68	0.0%
23	0.727	1.00	1.96	2.00	2.68	0.0%
24	0.727	1.00	1.96	2.00	2.68	0.0%
25	0.727	1.00	1.96	2.00	2.68	0.0%
26	0.727	1.00	1.96	2.00	2.68	0.0%
27	0.727	1.00	1.96	2.00	2.68	0.0%
28	0.727	1.00	1.96	2.00	2.68	0.0%
29	0.727	1.00	1.96	2.00	2.68	0.0%
30	0.727	1.00	1.96	2.00	2.68	0.0%
31	0.727	1.00	1.96	2.00	2.68	0.0%
32	0.727	1.00	1.96	2.00	2.68	0.0%
33	0.746	1.00	1.96	2.00	2.68	2.6%
34	0.775	1.00	1.96	2.00	2.68	3.9%
35	0.805	1.00	1.96	2.00	2.68	3.9%
36	0.836	1.00	1.96	2.00	2.68	3.9%
37	0.869	1.00	1.96	2.00	2.68	3.9%
38	0.903	1.00	1.96	2.00	2.68	3.9%
39	0.938	1.00	1.96	2.00	2.68	3.9%
40	0.975	1.00	1.96	2.00	2.68	3.9%
41	1.013	1.00	1.96	2.00	2.68	3.9%
42	1.053	1.00	1.96	2.00	2.68	3.9%
43	1.094	1.00	1.96	2.00	2.68	3.9%
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50	1.431	1.00	1.96	2.00	2.68	3.9%
51	1.487	1.00	1.96	2.00	2.68	3.9%
52	1.545	1.00	1.96	2.00	2.68	3.9%
53	1.605	1.00	1.96	2.00	2.68	3.9%
54	1.668	1.00	1.96	2.00	2.68	3.9%
55	1.733	1.00	1.96	2.00	2.68	3.9%
56	1.801	1.00	1.96	2.00	2.68	3.9%
57	1.871	1.00	1.96	2.00	2.68	3.9%
58	1.944	1.00	1.96	2.00	2.68	3.9%
59	2.020	1.00	1.96	2.00	2.68	3.9%
60	2.099	1.00	1.96	2.00	2.68	3.9%
61	2.181	1.00	1.96	2.00	2.68	3.9%
62	2.181	1.00	1.96	2.00	2.68	0.0%
63	2.181	1.00	1.96	2.00	2.68	0.0%
64	2.181	1.00	1.96	2.00	2.68	0.0%
65	2.181	1.00	1.96	2.00	2.68	0.0%
>65 Non-Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%
>65 Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%
Rx						
>65 Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%

** Only for renewals; not available for new sales.

Min
Max
Average

Max Incremental Change for 20% cap

CareFirst BlueChoice, Inc. (NAIC No. 96202)

**Individual, Non-Medigap Business
District of Columbia - HMO
HealthyBlue 3.0 (HB3) - PPACA
Proposed Medical & Rx Base Rates**

Medical

	Proposed Base Rate 8/1/2012	CounterOffer (5% Load) 1.05	CounterOffer (20% Load) 1.2	CounterOffer (30% Load) 1.3	CounterOffer (50% Load) 1.5	CounterOffer (80% Load) 1.8
Underwritten						
HB HSA 3.0 \$1,500 Ded	\$222.17	\$233.28	\$266.60	\$288.82	\$333.26	\$399.91
HB HSA 3.0 \$3,000 Ded	\$157.86	\$165.75	\$189.43	\$205.22	\$236.79	\$284.15
HB HSA 3.0 \$4,000 Ded	\$133.69	\$140.37	\$160.43	\$173.80	\$200.54	\$240.64
HB HSA 3.0 \$5,000 Ded	\$116.77	\$122.61	\$140.12	\$151.80	\$175.16	\$210.19

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO

District of Columbia

Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx

Rate Filing # 1768
Rate Filing

Effective 8/1/2012

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Rate Filing # 1768
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HMO-UW-HB3-HSA-1500-Counter 50%	8
HMO-UW-HB3-HSA-1500-Counter 80%	9
HMO-UW-HB3-HSA-3000	10
HMO-UW-HB3-HSA-3000-Counter 5%	11
HMO-UW-HB3-HSA-3000-Counter 20%	12
HMO-UW-HB3-HSA-3000-Counter 30%	13
HMO-UW-HB3-HSA-3000-Counter 50%	14
HMO-UW-HB3-HSA-3000-Counter 80%	15
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HMO-UW-HB3-HSA-4000-Counter 30%	19
HMO-UW-HB3-HSA-4000-Counter 50%	20
HMO-UW-HB3-HSA-4000-Counter 80%	21
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HMO-UW-HB3-HSA-5000-Counter 5%	23
HMO-UW-HB3-HSA-5000-Counter 20%	24
HMO-UW-HB3-HSA-5000-Counter 30%	25
HMO-UW-HB3-HSA-5000-Counter 50%	26
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CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Form Numbers

DC/CFBC/HBADV/DOCS (7/12)
DC/CFBC/HBADV/SOB (7/12)
DC/CFBC/HBADV/IEA (7/12)
DC/CFBC/DB/CHILD ONLY ELIG (R. 7/12)
DC/CFBC/DB/HBADV/RX (7/12)
DC/CFBC/DB/HBADV/IPP (7/12)

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$222.17**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$122.19	-	-	-
6-18 **	\$108.86	\$213.28	\$217.73	\$291.04
19-20	\$162.18	\$315.48	\$322.15	\$433.23
21	\$162.18	\$315.48	\$322.15	\$433.23
22	\$162.18	\$315.48	\$322.15	\$433.23
23	\$162.18	\$315.48	\$322.15	\$433.23
24	\$162.18	\$315.48	\$322.15	\$433.23
25	\$162.18	\$315.48	\$322.15	\$433.23
26	\$162.18	\$315.48	\$322.15	\$433.23
27	\$162.18	\$315.48	\$322.15	\$433.23
28	\$162.18	\$315.48	\$322.15	\$433.23
29	\$162.18	\$315.48	\$322.15	\$433.23
30	\$162.18	\$315.48	\$322.15	\$433.23
31	\$162.18	\$315.48	\$322.15	\$433.23
32	\$162.18	\$315.48	\$322.15	\$433.23
33	\$166.63	\$324.37	\$331.03	\$444.34
34	\$173.29	\$337.70	\$344.36	\$462.11
35	\$179.96	\$351.03	\$357.69	\$479.89
36	\$186.62	\$364.36	\$371.02	\$497.66
37	\$193.29	\$377.69	\$386.58	\$517.66
38	\$199.95	\$393.24	\$402.13	\$537.65
39	\$208.84	\$408.79	\$417.68	\$557.65
40	\$217.73	\$424.34	\$433.23	\$579.86
41	\$224.39	\$442.12	\$451.01	\$602.08
42	\$233.28	\$457.67	\$468.78	\$626.52
43	\$242.17	\$475.44	\$486.55	\$650.96
44	\$253.27	\$495.44	\$504.33	\$677.62
45	\$262.16	\$513.21	\$524.32	\$704.28
46	\$273.27	\$533.21	\$544.32	\$730.94
47	\$284.38	\$555.43	\$566.53	\$759.82
48	\$295.49	\$577.64	\$588.75	\$788.70
49	\$306.59	\$599.86	\$610.97	\$819.81
50	\$317.70	\$622.08	\$635.41	\$853.13
51	\$331.03	\$646.51	\$659.84	\$886.46
52	\$344.36	\$673.18	\$686.51	\$919.78
53	\$357.69	\$699.84	\$713.17	\$955.33
54	\$371.02	\$726.50	\$742.05	\$993.10
55	\$384.35	\$755.38	\$770.93	\$1,030.87
56	\$399.91	\$784.26	\$799.81	\$1,073.08
57	\$415.46	\$815.36	\$830.92	\$1,113.07
58	\$431.01	\$846.47	\$864.24	\$1,157.51
59	\$448.78	\$879.79	\$897.57	\$1,201.94
60	\$466.56	\$913.12	\$933.11	\$1,250.82
61	\$484.33	\$948.67	\$968.66	\$1,299.69
62	\$484.33	\$948.67	\$968.66	\$1,299.69
63	\$484.33	\$948.67	\$968.66	\$1,299.69
64	\$484.33	\$948.67	\$968.66	\$1,299.69
65	\$484.33	\$948.67	\$968.66	\$1,299.69
>65 Non Medicare Eligible	\$484.33	\$948.67	\$968.66	\$1,299.69
65+ Medicare Eligible**	\$484.33	\$948.67	\$968.66	\$1,299.69

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$233.28**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$128.30	-	-	-
6-18 **	\$114.31	\$223.95	\$228.61	\$305.60
19-20	\$170.29	\$331.26	\$338.26	\$454.90
21	\$170.29	\$331.26	\$338.26	\$454.90
22	\$170.29	\$331.26	\$338.26	\$454.90
23	\$170.29	\$331.26	\$338.26	\$454.90
24	\$170.29	\$331.26	\$338.26	\$454.90
25	\$170.29	\$331.26	\$338.26	\$454.90
26	\$170.29	\$331.26	\$338.26	\$454.90
27	\$170.29	\$331.26	\$338.26	\$454.90
28	\$170.29	\$331.26	\$338.26	\$454.90
29	\$170.29	\$331.26	\$338.26	\$454.90
30	\$170.29	\$331.26	\$338.26	\$454.90
31	\$170.29	\$331.26	\$338.26	\$454.90
32	\$170.29	\$331.26	\$338.26	\$454.90
33	\$174.96	\$340.59	\$347.59	\$466.56
34	\$181.96	\$354.59	\$361.58	\$485.22
35	\$188.96	\$368.58	\$375.58	\$503.88
36	\$195.96	\$382.58	\$389.58	\$522.55
37	\$202.95	\$396.58	\$405.91	\$543.54
38	\$209.95	\$412.91	\$422.24	\$564.54
39	\$219.28	\$429.24	\$438.57	\$585.53
40	\$228.61	\$445.56	\$454.90	\$608.86
41	\$235.61	\$464.23	\$473.56	\$632.19
42	\$244.94	\$480.56	\$492.22	\$657.85
43	\$254.28	\$499.22	\$510.88	\$683.51
44	\$265.94	\$520.21	\$529.55	\$711.50
45	\$275.27	\$538.88	\$550.54	\$739.50
46	\$286.93	\$559.87	\$571.54	\$767.49
47	\$298.60	\$583.20	\$594.86	\$797.82
48	\$310.26	\$606.53	\$618.19	\$828.14
49	\$321.93	\$629.86	\$641.52	\$860.80
50	\$333.59	\$653.18	\$667.18	\$895.80
51	\$347.59	\$678.84	\$692.84	\$930.79
52	\$361.58	\$706.84	\$720.84	\$965.78
53	\$375.58	\$734.83	\$748.83	\$1,003.10
54	\$389.58	\$762.83	\$779.16	\$1,042.76
55	\$403.57	\$793.15	\$809.48	\$1,082.42
56	\$419.90	\$823.48	\$839.81	\$1,126.74
57	\$436.23	\$856.14	\$872.47	\$1,168.73
58	\$452.56	\$888.80	\$907.46	\$1,215.39
59	\$471.23	\$923.79	\$942.45	\$1,262.04
60	\$489.89	\$958.78	\$979.78	\$1,313.37
61	\$508.55	\$996.11	\$1,017.10	\$1,364.69
62	\$508.55	\$996.11	\$1,017.10	\$1,364.69
63	\$508.55	\$996.11	\$1,017.10	\$1,364.69
64	\$508.55	\$996.11	\$1,017.10	\$1,364.69
65	\$508.55	\$996.11	\$1,017.10	\$1,364.69
>65 Non Medicare Eligible	\$508.55	\$996.11	\$1,017.10	\$1,364.69
65+ Medicare Eligible**	\$508.55	\$996.11	\$1,017.10	\$1,364.69

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$266.60**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$146.63	-	-	-
6-18 **	\$130.63	\$255.94	\$261.27	\$349.25
19-20	\$194.62	\$378.57	\$386.57	\$519.87
21	\$194.62	\$378.57	\$386.57	\$519.87
22	\$194.62	\$378.57	\$386.57	\$519.87
23	\$194.62	\$378.57	\$386.57	\$519.87
24	\$194.62	\$378.57	\$386.57	\$519.87
25	\$194.62	\$378.57	\$386.57	\$519.87
26	\$194.62	\$378.57	\$386.57	\$519.87
27	\$194.62	\$378.57	\$386.57	\$519.87
28	\$194.62	\$378.57	\$386.57	\$519.87
29	\$194.62	\$378.57	\$386.57	\$519.87
30	\$194.62	\$378.57	\$386.57	\$519.87
31	\$194.62	\$378.57	\$386.57	\$519.87
32	\$194.62	\$378.57	\$386.57	\$519.87
33	\$199.95	\$389.24	\$397.23	\$533.20
34	\$207.95	\$405.23	\$413.23	\$554.53
35	\$215.95	\$421.23	\$429.23	\$575.86
36	\$223.94	\$437.22	\$445.22	\$597.18
37	\$231.94	\$453.22	\$463.88	\$621.18
38	\$239.94	\$471.88	\$482.55	\$645.17
39	\$250.60	\$490.54	\$501.21	\$669.17
40	\$261.27	\$509.21	\$519.87	\$695.83
41	\$269.27	\$530.53	\$541.20	\$722.49
42	\$279.93	\$549.20	\$562.53	\$751.81
43	\$290.59	\$570.52	\$583.85	\$781.14
44	\$303.92	\$594.52	\$605.18	\$813.13
45	\$314.59	\$615.85	\$629.18	\$845.12
46	\$327.92	\$639.84	\$653.17	\$877.11
47	\$341.25	\$666.50	\$679.83	\$911.77
48	\$354.58	\$693.16	\$706.49	\$946.43
49	\$367.91	\$719.82	\$733.15	\$983.75
50	\$381.24	\$746.48	\$762.48	\$1,023.74
51	\$397.23	\$775.81	\$791.80	\$1,063.73
52	\$413.23	\$807.80	\$823.79	\$1,103.72
53	\$429.23	\$839.79	\$855.79	\$1,146.38
54	\$445.22	\$871.78	\$890.44	\$1,191.70
55	\$461.22	\$906.44	\$925.10	\$1,237.02
56	\$479.88	\$941.10	\$959.76	\$1,287.68
57	\$498.54	\$978.42	\$997.08	\$1,335.67
58	\$517.20	\$1,015.75	\$1,037.07	\$1,388.99
59	\$538.53	\$1,055.74	\$1,077.06	\$1,442.31
60	\$559.86	\$1,095.73	\$1,119.72	\$1,500.96
61	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
62	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
63	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
64	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
65	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
>65 Non Medicare Eligible	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
65+ Medicare Eligible**	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$288.82**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$158.85	-	-	-
6-18 **	\$141.52	\$277.27	\$283.04	\$378.35
19-20	\$210.84	\$410.12	\$418.79	\$563.20
21	\$210.84	\$410.12	\$418.79	\$563.20
22	\$210.84	\$410.12	\$418.79	\$563.20
23	\$210.84	\$410.12	\$418.79	\$563.20
24	\$210.84	\$410.12	\$418.79	\$563.20
25	\$210.84	\$410.12	\$418.79	\$563.20
26	\$210.84	\$410.12	\$418.79	\$563.20
27	\$210.84	\$410.12	\$418.79	\$563.20
28	\$210.84	\$410.12	\$418.79	\$563.20
29	\$210.84	\$410.12	\$418.79	\$563.20
30	\$210.84	\$410.12	\$418.79	\$563.20
31	\$210.84	\$410.12	\$418.79	\$563.20
32	\$210.84	\$410.12	\$418.79	\$563.20
33	\$216.62	\$421.68	\$430.34	\$577.64
34	\$225.28	\$439.01	\$447.67	\$600.75
35	\$233.94	\$456.34	\$465.00	\$623.85
36	\$242.61	\$473.66	\$482.33	\$646.96
37	\$251.27	\$490.99	\$502.55	\$672.95
38	\$259.94	\$511.21	\$522.76	\$698.94
39	\$271.49	\$531.43	\$542.98	\$724.94
40	\$283.04	\$551.65	\$563.20	\$753.82
41	\$291.71	\$574.75	\$586.30	\$782.70
42	\$303.26	\$594.97	\$609.41	\$814.47
43	\$314.81	\$618.07	\$632.52	\$846.24
44	\$329.25	\$644.07	\$655.62	\$880.90
45	\$340.81	\$667.17	\$681.62	\$915.56
46	\$355.25	\$693.17	\$707.61	\$950.22
47	\$369.69	\$722.05	\$736.49	\$987.76
48	\$384.13	\$750.93	\$765.37	\$1,025.31
49	\$398.57	\$779.81	\$794.26	\$1,065.75
50	\$413.01	\$808.70	\$826.03	\$1,109.07
51	\$430.34	\$840.47	\$857.80	\$1,152.39
52	\$447.67	\$875.12	\$892.45	\$1,195.71
53	\$465.00	\$909.78	\$927.11	\$1,241.93
54	\$482.33	\$944.44	\$964.66	\$1,291.03
55	\$499.66	\$981.99	\$1,002.21	\$1,340.12
56	\$519.88	\$1,019.53	\$1,039.75	\$1,395.00
57	\$540.09	\$1,059.97	\$1,080.19	\$1,446.99
58	\$560.31	\$1,100.40	\$1,123.51	\$1,504.75
59	\$583.42	\$1,143.73	\$1,166.83	\$1,562.52
60	\$606.52	\$1,187.05	\$1,213.04	\$1,626.06
61	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
62	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
63	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
64	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
65	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
>65 Non Medicare Eligible	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
65+ Medicare Eligible**	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$333.26**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$183.29	-	-	-
6-18 **	\$163.30	\$319.93	\$326.59	\$436.57
19-20	\$243.28	\$473.23	\$483.23	\$649.86
21	\$243.28	\$473.23	\$483.23	\$649.86
22	\$243.28	\$473.23	\$483.23	\$649.86
23	\$243.28	\$473.23	\$483.23	\$649.86
24	\$243.28	\$473.23	\$483.23	\$649.86
25	\$243.28	\$473.23	\$483.23	\$649.86
26	\$243.28	\$473.23	\$483.23	\$649.86
27	\$243.28	\$473.23	\$483.23	\$649.86
28	\$243.28	\$473.23	\$483.23	\$649.86
29	\$243.28	\$473.23	\$483.23	\$649.86
30	\$243.28	\$473.23	\$483.23	\$649.86
31	\$243.28	\$473.23	\$483.23	\$649.86
32	\$243.28	\$473.23	\$483.23	\$649.86
33	\$249.95	\$486.56	\$496.56	\$666.52
34	\$259.94	\$506.56	\$516.55	\$693.18
35	\$269.94	\$526.55	\$536.55	\$719.84
36	\$279.94	\$546.55	\$556.54	\$746.50
37	\$289.94	\$566.54	\$579.87	\$776.50
38	\$299.93	\$589.87	\$603.20	\$806.49
39	\$313.26	\$613.20	\$626.53	\$836.48
40	\$326.59	\$636.53	\$649.86	\$869.81
41	\$336.59	\$663.19	\$676.52	\$903.13
42	\$349.92	\$686.52	\$703.18	\$939.79
43	\$363.25	\$713.18	\$729.84	\$976.45
44	\$379.92	\$743.17	\$756.50	\$1,016.44
45	\$393.25	\$769.83	\$786.49	\$1,056.43
46	\$409.91	\$799.82	\$816.49	\$1,096.43
47	\$426.57	\$833.15	\$849.81	\$1,139.75
48	\$443.24	\$866.48	\$883.14	\$1,183.07
49	\$459.90	\$899.80	\$916.47	\$1,229.73
50	\$476.56	\$933.13	\$953.12	\$1,279.72
51	\$496.56	\$969.79	\$989.78	\$1,329.71
52	\$516.55	\$1,009.78	\$1,029.77	\$1,379.70
53	\$536.55	\$1,049.77	\$1,069.76	\$1,433.02
54	\$556.54	\$1,089.76	\$1,113.09	\$1,489.67
55	\$576.54	\$1,133.08	\$1,156.41	\$1,546.33
56	\$599.87	\$1,176.41	\$1,199.74	\$1,609.65
57	\$623.20	\$1,223.06	\$1,246.39	\$1,669.63
58	\$646.52	\$1,269.72	\$1,296.38	\$1,736.28
59	\$673.19	\$1,319.71	\$1,346.37	\$1,802.94
60	\$699.85	\$1,369.70	\$1,399.69	\$1,876.25
61	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
62	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
63	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
64	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
65	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
>65 Non Medicare Eligible	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
65+ Medicare Eligible**	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$399.91**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$219.95	-	-	-
6-18 **	\$195.96	\$383.91	\$391.91	\$523.88
19-20	\$291.93	\$567.87	\$579.87	\$779.82
21	\$291.93	\$567.87	\$579.87	\$779.82
22	\$291.93	\$567.87	\$579.87	\$779.82
23	\$291.93	\$567.87	\$579.87	\$779.82
24	\$291.93	\$567.87	\$579.87	\$779.82
25	\$291.93	\$567.87	\$579.87	\$779.82
26	\$291.93	\$567.87	\$579.87	\$779.82
27	\$291.93	\$567.87	\$579.87	\$779.82
28	\$291.93	\$567.87	\$579.87	\$779.82
29	\$291.93	\$567.87	\$579.87	\$779.82
30	\$291.93	\$567.87	\$579.87	\$779.82
31	\$291.93	\$567.87	\$579.87	\$779.82
32	\$291.93	\$567.87	\$579.87	\$779.82
33	\$299.93	\$583.87	\$595.87	\$799.82
34	\$311.93	\$607.86	\$619.86	\$831.81
35	\$323.93	\$631.86	\$643.86	\$863.81
36	\$335.92	\$655.85	\$667.85	\$895.80
37	\$347.92	\$679.85	\$695.84	\$931.79
38	\$359.92	\$707.84	\$723.84	\$967.78
39	\$375.92	\$735.83	\$751.83	\$1,003.77
40	\$391.91	\$763.83	\$779.82	\$1,043.77
41	\$403.91	\$795.82	\$811.82	\$1,083.76
42	\$419.91	\$823.81	\$843.81	\$1,127.75
43	\$435.90	\$855.81	\$875.80	\$1,171.74
44	\$455.90	\$891.80	\$907.80	\$1,219.73
45	\$471.89	\$923.79	\$943.79	\$1,267.71
46	\$491.89	\$959.78	\$979.78	\$1,315.70
47	\$511.88	\$999.78	\$1,019.77	\$1,367.69
48	\$531.88	\$1,039.77	\$1,059.76	\$1,419.68
49	\$551.88	\$1,079.76	\$1,099.75	\$1,475.67
50	\$571.87	\$1,119.75	\$1,143.74	\$1,535.65
51	\$595.87	\$1,163.74	\$1,187.73	\$1,595.64
52	\$619.86	\$1,211.73	\$1,235.72	\$1,655.63
53	\$643.86	\$1,259.72	\$1,283.71	\$1,719.61
54	\$667.85	\$1,307.71	\$1,335.70	\$1,787.60
55	\$691.84	\$1,359.69	\$1,387.69	\$1,855.58
56	\$719.84	\$1,411.68	\$1,439.68	\$1,931.57
57	\$747.83	\$1,467.67	\$1,495.66	\$2,003.55
58	\$775.83	\$1,523.66	\$1,555.65	\$2,083.53
59	\$807.82	\$1,583.64	\$1,615.64	\$2,163.51
60	\$839.81	\$1,643.63	\$1,679.62	\$2,251.49
61	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
62	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
63	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
64	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
65	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
>65 Non Medicare Eligible	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
65+ Medicare Eligible**	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$157.86**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$86.82	-	-	-
6-18 **	\$77.35	\$151.55	\$154.70	\$206.80
19-20	\$115.24	\$224.16	\$228.90	\$307.83
21	\$115.24	\$224.16	\$228.90	\$307.83
22	\$115.24	\$224.16	\$228.90	\$307.83
23	\$115.24	\$224.16	\$228.90	\$307.83
24	\$115.24	\$224.16	\$228.90	\$307.83
25	\$115.24	\$224.16	\$228.90	\$307.83
26	\$115.24	\$224.16	\$228.90	\$307.83
27	\$115.24	\$224.16	\$228.90	\$307.83
28	\$115.24	\$224.16	\$228.90	\$307.83
29	\$115.24	\$224.16	\$228.90	\$307.83
30	\$115.24	\$224.16	\$228.90	\$307.83
31	\$115.24	\$224.16	\$228.90	\$307.83
32	\$115.24	\$224.16	\$228.90	\$307.83
33	\$118.40	\$230.48	\$235.21	\$315.72
34	\$123.13	\$239.95	\$244.68	\$328.35
35	\$127.87	\$249.42	\$254.15	\$340.98
36	\$132.60	\$258.89	\$263.63	\$353.61
37	\$137.34	\$268.36	\$274.68	\$367.81
38	\$142.07	\$279.41	\$285.73	\$382.02
39	\$148.39	\$290.46	\$296.78	\$396.23
40	\$154.70	\$301.51	\$307.83	\$412.01
41	\$159.44	\$314.14	\$320.46	\$427.80
42	\$165.75	\$325.19	\$333.08	\$445.17
43	\$172.07	\$337.82	\$345.71	\$462.53
44	\$179.96	\$352.03	\$358.34	\$481.47
45	\$186.27	\$364.66	\$372.55	\$500.42
46	\$194.17	\$378.86	\$386.76	\$519.36
47	\$202.06	\$394.65	\$402.54	\$539.88
48	\$209.95	\$410.44	\$418.33	\$560.40
49	\$217.85	\$426.22	\$434.12	\$582.50
50	\$225.74	\$442.01	\$451.48	\$606.18
51	\$235.21	\$459.37	\$468.84	\$629.86
52	\$244.68	\$478.32	\$487.79	\$653.54
53	\$254.15	\$497.26	\$506.73	\$678.80
54	\$263.63	\$516.20	\$527.25	\$705.63
55	\$273.10	\$536.72	\$547.77	\$732.47
56	\$284.15	\$557.25	\$568.30	\$762.46
57	\$295.20	\$579.35	\$590.40	\$790.88
58	\$306.25	\$601.45	\$614.08	\$822.45
59	\$318.88	\$625.13	\$637.75	\$854.02
60	\$331.51	\$648.80	\$663.01	\$888.75
61	\$344.13	\$674.06	\$688.27	\$923.48
62	\$344.13	\$674.06	\$688.27	\$923.48
63	\$344.13	\$674.06	\$688.27	\$923.48
64	\$344.13	\$674.06	\$688.27	\$923.48
65	\$344.13	\$674.06	\$688.27	\$923.48
>65 Non Medicare Eligible	\$344.13	\$674.06	\$688.27	\$923.48
65+ Medicare Eligible**	\$344.13	\$674.06	\$688.27	\$923.48

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$165.75**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$91.16	-	-	-
6-18 **	\$81.22	\$159.12	\$162.44	\$217.13
19-20	\$121.00	\$235.37	\$240.34	\$323.21
21	\$121.00	\$235.37	\$240.34	\$323.21
22	\$121.00	\$235.37	\$240.34	\$323.21
23	\$121.00	\$235.37	\$240.34	\$323.21
24	\$121.00	\$235.37	\$240.34	\$323.21
25	\$121.00	\$235.37	\$240.34	\$323.21
26	\$121.00	\$235.37	\$240.34	\$323.21
27	\$121.00	\$235.37	\$240.34	\$323.21
28	\$121.00	\$235.37	\$240.34	\$323.21
29	\$121.00	\$235.37	\$240.34	\$323.21
30	\$121.00	\$235.37	\$240.34	\$323.21
31	\$121.00	\$235.37	\$240.34	\$323.21
32	\$121.00	\$235.37	\$240.34	\$323.21
33	\$124.31	\$242.00	\$246.97	\$331.50
34	\$129.29	\$251.94	\$256.91	\$344.76
35	\$134.26	\$261.89	\$266.86	\$358.02
36	\$139.23	\$271.83	\$276.80	\$371.28
37	\$144.20	\$281.78	\$288.41	\$386.20
38	\$149.18	\$293.38	\$300.01	\$401.12
39	\$155.81	\$304.98	\$311.61	\$416.03
40	\$162.44	\$316.58	\$323.21	\$432.61
41	\$167.41	\$329.84	\$336.47	\$449.18
42	\$174.04	\$341.45	\$349.73	\$467.42
43	\$180.67	\$354.71	\$362.99	\$485.65
44	\$188.96	\$369.62	\$376.25	\$505.54
45	\$195.59	\$382.88	\$391.17	\$525.43
46	\$203.87	\$397.80	\$406.09	\$545.32
47	\$212.16	\$414.38	\$422.66	\$566.87
48	\$220.45	\$430.95	\$439.24	\$588.41
49	\$228.74	\$447.53	\$455.81	\$611.62
50	\$237.02	\$464.10	\$474.05	\$636.48
51	\$246.97	\$482.33	\$492.28	\$661.34
52	\$256.91	\$502.22	\$512.17	\$686.21
53	\$266.86	\$522.11	\$532.06	\$712.73
54	\$276.80	\$542.00	\$553.61	\$740.90
55	\$286.75	\$563.55	\$575.15	\$769.08
56	\$298.35	\$585.10	\$596.70	\$800.57
57	\$309.95	\$608.30	\$619.91	\$830.41
58	\$321.56	\$631.51	\$644.77	\$863.56
59	\$334.82	\$656.37	\$669.63	\$896.71
60	\$348.08	\$681.23	\$696.15	\$933.17
61	\$361.34	\$707.75	\$722.67	\$969.64
62	\$361.34	\$707.75	\$722.67	\$969.64
63	\$361.34	\$707.75	\$722.67	\$969.64
64	\$361.34	\$707.75	\$722.67	\$969.64
65	\$361.34	\$707.75	\$722.67	\$969.64
>65 Non Medicare Eligible	\$361.34	\$707.75	\$722.67	\$969.64
65+ Medicare Eligible**	\$361.34	\$707.75	\$722.67	\$969.64

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$189.43**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$104.19	-	-	-
6-18 **	\$92.82	\$181.85	\$185.64	\$248.15
19-20	\$138.28	\$268.99	\$274.67	\$369.39
21	\$138.28	\$268.99	\$274.67	\$369.39
22	\$138.28	\$268.99	\$274.67	\$369.39
23	\$138.28	\$268.99	\$274.67	\$369.39
24	\$138.28	\$268.99	\$274.67	\$369.39
25	\$138.28	\$268.99	\$274.67	\$369.39
26	\$138.28	\$268.99	\$274.67	\$369.39
27	\$138.28	\$268.99	\$274.67	\$369.39
28	\$138.28	\$268.99	\$274.67	\$369.39
29	\$138.28	\$268.99	\$274.67	\$369.39
30	\$138.28	\$268.99	\$274.67	\$369.39
31	\$138.28	\$268.99	\$274.67	\$369.39
32	\$138.28	\$268.99	\$274.67	\$369.39
33	\$142.07	\$276.57	\$282.25	\$378.86
34	\$147.76	\$287.93	\$293.62	\$394.01
35	\$153.44	\$299.30	\$304.98	\$409.17
36	\$159.12	\$310.67	\$316.35	\$424.32
37	\$164.80	\$322.03	\$329.61	\$441.37
38	\$170.49	\$335.29	\$342.87	\$458.42
39	\$178.06	\$348.55	\$356.13	\$475.47
40	\$185.64	\$361.81	\$369.39	\$494.41
41	\$191.32	\$376.97	\$384.54	\$513.36
42	\$198.90	\$390.23	\$399.70	\$534.19
43	\$206.48	\$405.38	\$414.85	\$555.03
44	\$215.95	\$422.43	\$430.01	\$577.76
45	\$223.53	\$437.58	\$447.05	\$600.49
46	\$233.00	\$454.63	\$464.10	\$623.22
47	\$242.47	\$473.58	\$483.05	\$647.85
48	\$251.94	\$492.52	\$501.99	\$672.48
49	\$261.41	\$511.46	\$520.93	\$699.00
50	\$270.88	\$530.40	\$541.77	\$727.41
51	\$282.25	\$551.24	\$562.61	\$755.83
52	\$293.62	\$573.97	\$585.34	\$784.24
53	\$304.98	\$596.70	\$608.07	\$814.55
54	\$316.35	\$619.44	\$632.70	\$846.75
55	\$327.71	\$644.06	\$657.32	\$878.96
56	\$340.97	\$668.69	\$681.95	\$914.95
57	\$354.23	\$695.21	\$708.47	\$949.04
58	\$367.49	\$721.73	\$736.88	\$986.93
59	\$382.65	\$750.14	\$765.30	\$1,024.82
60	\$397.80	\$778.56	\$795.61	\$1,066.49
61	\$412.96	\$808.87	\$825.91	\$1,108.17
62	\$412.96	\$808.87	\$825.91	\$1,108.17
63	\$412.96	\$808.87	\$825.91	\$1,108.17
64	\$412.96	\$808.87	\$825.91	\$1,108.17
65	\$412.96	\$808.87	\$825.91	\$1,108.17
>65 Non Medicare Eligible	\$412.96	\$808.87	\$825.91	\$1,108.17
65+ Medicare Eligible**	\$412.96	\$808.87	\$825.91	\$1,108.17

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$205.22**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$112.87	-	-	-
6-18 **	\$100.56	\$197.01	\$201.12	\$268.84
19-20	\$149.81	\$291.41	\$297.57	\$400.18
21	\$149.81	\$291.41	\$297.57	\$400.18
22	\$149.81	\$291.41	\$297.57	\$400.18
23	\$149.81	\$291.41	\$297.57	\$400.18
24	\$149.81	\$291.41	\$297.57	\$400.18
25	\$149.81	\$291.41	\$297.57	\$400.18
26	\$149.81	\$291.41	\$297.57	\$400.18
27	\$149.81	\$291.41	\$297.57	\$400.18
28	\$149.81	\$291.41	\$297.57	\$400.18
29	\$149.81	\$291.41	\$297.57	\$400.18
30	\$149.81	\$291.41	\$297.57	\$400.18
31	\$149.81	\$291.41	\$297.57	\$400.18
32	\$149.81	\$291.41	\$297.57	\$400.18
33	\$153.92	\$299.62	\$305.78	\$410.44
34	\$160.07	\$311.93	\$318.09	\$426.86
35	\$166.23	\$324.25	\$330.40	\$443.28
36	\$172.38	\$336.56	\$342.72	\$459.69
37	\$178.54	\$348.87	\$357.08	\$478.16
38	\$184.70	\$363.24	\$371.45	\$496.63
39	\$192.91	\$377.60	\$385.81	\$515.10
40	\$201.12	\$391.97	\$400.18	\$535.62
41	\$207.27	\$408.39	\$416.60	\$556.15
42	\$215.48	\$422.75	\$433.01	\$578.72
43	\$223.69	\$439.17	\$449.43	\$601.29
44	\$233.95	\$457.64	\$465.85	\$625.92
45	\$242.16	\$474.06	\$484.32	\$650.55
46	\$252.42	\$492.53	\$502.79	\$675.17
47	\$262.68	\$513.05	\$523.31	\$701.85
48	\$272.94	\$533.57	\$543.83	\$728.53
49	\$283.20	\$554.09	\$564.36	\$757.26
50	\$293.46	\$574.62	\$586.93	\$788.04
51	\$305.78	\$597.19	\$609.50	\$818.83
52	\$318.09	\$621.82	\$634.13	\$849.61
53	\$330.40	\$646.44	\$658.76	\$882.45
54	\$342.72	\$671.07	\$685.43	\$917.33
55	\$355.03	\$697.75	\$712.11	\$952.22
56	\$369.40	\$724.43	\$738.79	\$991.21
57	\$383.76	\$753.16	\$767.52	\$1,028.15
58	\$398.13	\$781.89	\$798.31	\$1,069.20
59	\$414.54	\$812.67	\$829.09	\$1,110.24
60	\$430.96	\$843.45	\$861.92	\$1,155.39
61	\$447.38	\$876.29	\$894.76	\$1,200.54
62	\$447.38	\$876.29	\$894.76	\$1,200.54
63	\$447.38	\$876.29	\$894.76	\$1,200.54
64	\$447.38	\$876.29	\$894.76	\$1,200.54
65	\$447.38	\$876.29	\$894.76	\$1,200.54
>65 Non Medicare Eligible	\$447.38	\$876.29	\$894.76	\$1,200.54
65+ Medicare Eligible**	\$447.38	\$876.29	\$894.76	\$1,200.54

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$236.79**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$130.23	-	-	-
6-18 **	\$116.03	\$227.32	\$232.05	\$310.19
19-20	\$172.86	\$336.24	\$343.35	\$461.74
21	\$172.86	\$336.24	\$343.35	\$461.74
22	\$172.86	\$336.24	\$343.35	\$461.74
23	\$172.86	\$336.24	\$343.35	\$461.74
24	\$172.86	\$336.24	\$343.35	\$461.74
25	\$172.86	\$336.24	\$343.35	\$461.74
26	\$172.86	\$336.24	\$343.35	\$461.74
27	\$172.86	\$336.24	\$343.35	\$461.74
28	\$172.86	\$336.24	\$343.35	\$461.74
29	\$172.86	\$336.24	\$343.35	\$461.74
30	\$172.86	\$336.24	\$343.35	\$461.74
31	\$172.86	\$336.24	\$343.35	\$461.74
32	\$172.86	\$336.24	\$343.35	\$461.74
33	\$177.59	\$345.71	\$352.82	\$473.58
34	\$184.70	\$359.92	\$367.02	\$492.52
35	\$191.80	\$374.13	\$381.23	\$511.47
36	\$198.90	\$388.34	\$395.44	\$530.41
37	\$206.01	\$402.54	\$412.01	\$551.72
38	\$213.11	\$419.12	\$428.59	\$573.03
39	\$222.58	\$435.69	\$445.17	\$594.34
40	\$232.05	\$452.27	\$461.74	\$618.02
41	\$239.16	\$471.21	\$480.68	\$641.70
42	\$248.63	\$487.79	\$499.63	\$667.75
43	\$258.10	\$506.73	\$518.57	\$693.79
44	\$269.94	\$528.04	\$537.51	\$722.21
45	\$279.41	\$546.98	\$558.82	\$750.62
46	\$291.25	\$568.30	\$580.14	\$779.04
47	\$303.09	\$591.98	\$603.81	\$809.82
48	\$314.93	\$615.65	\$627.49	\$840.60
49	\$326.77	\$639.33	\$651.17	\$873.76
50	\$338.61	\$663.01	\$677.22	\$909.27
51	\$352.82	\$689.06	\$703.27	\$944.79
52	\$367.02	\$717.47	\$731.68	\$980.31
53	\$381.23	\$745.89	\$760.10	\$1,018.20
54	\$395.44	\$774.30	\$790.88	\$1,058.45
55	\$409.65	\$805.09	\$821.66	\$1,098.71
56	\$426.22	\$835.87	\$852.44	\$1,143.70
57	\$442.80	\$869.02	\$885.59	\$1,186.32
58	\$459.37	\$902.17	\$921.11	\$1,233.68
59	\$478.32	\$937.69	\$956.63	\$1,281.03
60	\$497.26	\$973.21	\$994.52	\$1,333.13
61	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
62	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
63	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
64	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
65	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
>65 Non Medicare Eligible	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
65+ Medicare Eligible**	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$284.15**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$156.28	-	-	-
6-18 **	\$139.23	\$272.78	\$278.47	\$372.24
19-20	\$207.43	\$403.49	\$412.02	\$554.09
21	\$207.43	\$403.49	\$412.02	\$554.09
22	\$207.43	\$403.49	\$412.02	\$554.09
23	\$207.43	\$403.49	\$412.02	\$554.09
24	\$207.43	\$403.49	\$412.02	\$554.09
25	\$207.43	\$403.49	\$412.02	\$554.09
26	\$207.43	\$403.49	\$412.02	\$554.09
27	\$207.43	\$403.49	\$412.02	\$554.09
28	\$207.43	\$403.49	\$412.02	\$554.09
29	\$207.43	\$403.49	\$412.02	\$554.09
30	\$207.43	\$403.49	\$412.02	\$554.09
31	\$207.43	\$403.49	\$412.02	\$554.09
32	\$207.43	\$403.49	\$412.02	\$554.09
33	\$213.11	\$414.86	\$423.38	\$568.30
34	\$221.64	\$431.91	\$440.43	\$591.03
35	\$230.16	\$448.96	\$457.48	\$613.76
36	\$238.69	\$466.01	\$474.53	\$636.50
37	\$247.21	\$483.06	\$494.42	\$662.07
38	\$255.74	\$502.95	\$514.31	\$687.64
39	\$267.10	\$522.84	\$534.20	\$713.22
40	\$278.47	\$542.73	\$554.09	\$741.63
41	\$286.99	\$565.46	\$576.82	\$770.05
42	\$298.36	\$585.35	\$599.56	\$801.30
43	\$309.72	\$608.08	\$622.29	\$832.56
44	\$323.93	\$633.65	\$645.02	\$866.66
45	\$335.30	\$656.39	\$670.59	\$900.76
46	\$349.50	\$681.96	\$696.17	\$934.85
47	\$363.71	\$710.38	\$724.58	\$971.79
48	\$377.92	\$738.79	\$753.00	\$1,008.73
49	\$392.13	\$767.21	\$781.41	\$1,048.51
50	\$406.33	\$795.62	\$812.67	\$1,091.14
51	\$423.38	\$826.88	\$843.93	\$1,133.76
52	\$440.43	\$860.97	\$878.02	\$1,176.38
53	\$457.48	\$895.07	\$912.12	\$1,221.85
54	\$474.53	\$929.17	\$949.06	\$1,270.15
55	\$491.58	\$966.11	\$986.00	\$1,318.46
56	\$511.47	\$1,003.05	\$1,022.94	\$1,372.44
57	\$531.36	\$1,042.83	\$1,062.72	\$1,423.59
58	\$551.25	\$1,082.61	\$1,105.34	\$1,480.42
59	\$573.98	\$1,125.23	\$1,147.97	\$1,537.25
60	\$596.72	\$1,167.86	\$1,193.43	\$1,599.76
61	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
62	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
63	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
64	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
65	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
>65 Non Medicare Eligible	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
65+ Medicare Eligible**	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$133.69**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$73.53	-	-	-
6-18 **	\$65.51	\$128.34	\$131.02	\$175.13
19-20	\$97.59	\$189.84	\$193.85	\$260.70
21	\$97.59	\$189.84	\$193.85	\$260.70
22	\$97.59	\$189.84	\$193.85	\$260.70
23	\$97.59	\$189.84	\$193.85	\$260.70
24	\$97.59	\$189.84	\$193.85	\$260.70
25	\$97.59	\$189.84	\$193.85	\$260.70
26	\$97.59	\$189.84	\$193.85	\$260.70
27	\$97.59	\$189.84	\$193.85	\$260.70
28	\$97.59	\$189.84	\$193.85	\$260.70
29	\$97.59	\$189.84	\$193.85	\$260.70
30	\$97.59	\$189.84	\$193.85	\$260.70
31	\$97.59	\$189.84	\$193.85	\$260.70
32	\$97.59	\$189.84	\$193.85	\$260.70
33	\$100.27	\$195.19	\$199.20	\$267.38
34	\$104.28	\$203.21	\$207.22	\$278.08
35	\$108.29	\$211.23	\$215.24	\$288.77
36	\$112.30	\$219.25	\$223.26	\$299.47
37	\$116.31	\$227.27	\$232.62	\$311.50
38	\$120.32	\$236.63	\$241.98	\$323.53
39	\$125.67	\$245.99	\$251.34	\$335.56
40	\$131.02	\$255.35	\$260.70	\$348.93
41	\$135.03	\$266.04	\$271.39	\$362.30
42	\$140.37	\$275.40	\$282.09	\$377.01
43	\$145.72	\$286.10	\$292.78	\$391.71
44	\$152.41	\$298.13	\$303.48	\$407.75
45	\$157.75	\$308.82	\$315.51	\$423.80
46	\$164.44	\$320.86	\$327.54	\$439.84
47	\$171.12	\$334.23	\$340.91	\$457.22
48	\$177.81	\$347.59	\$354.28	\$474.60
49	\$184.49	\$360.96	\$367.65	\$493.32
50	\$191.18	\$374.33	\$382.35	\$513.37
51	\$199.20	\$389.04	\$397.06	\$533.42
52	\$207.22	\$405.08	\$413.10	\$553.48
53	\$215.24	\$421.12	\$429.14	\$574.87
54	\$223.26	\$437.17	\$446.52	\$597.59
55	\$231.28	\$454.55	\$463.90	\$620.32
56	\$240.64	\$471.93	\$481.28	\$645.72
57	\$250.00	\$490.64	\$500.00	\$669.79
58	\$259.36	\$509.36	\$520.05	\$696.52
59	\$270.05	\$529.41	\$540.11	\$723.26
60	\$280.75	\$549.47	\$561.50	\$752.67
61	\$291.44	\$570.86	\$582.89	\$782.09
62	\$291.44	\$570.86	\$582.89	\$782.09
63	\$291.44	\$570.86	\$582.89	\$782.09
64	\$291.44	\$570.86	\$582.89	\$782.09
65	\$291.44	\$570.86	\$582.89	\$782.09
>65 Non Medicare Eligible	\$291.44	\$570.86	\$582.89	\$782.09
65+ Medicare Eligible**	\$291.44	\$570.86	\$582.89	\$782.09

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$140.37**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$77.20	-	-	-
6-18 **	\$68.78	\$134.76	\$137.56	\$183.88
19-20	\$102.47	\$199.33	\$203.54	\$273.72
21	\$102.47	\$199.33	\$203.54	\$273.72
22	\$102.47	\$199.33	\$203.54	\$273.72
23	\$102.47	\$199.33	\$203.54	\$273.72
24	\$102.47	\$199.33	\$203.54	\$273.72
25	\$102.47	\$199.33	\$203.54	\$273.72
26	\$102.47	\$199.33	\$203.54	\$273.72
27	\$102.47	\$199.33	\$203.54	\$273.72
28	\$102.47	\$199.33	\$203.54	\$273.72
29	\$102.47	\$199.33	\$203.54	\$273.72
30	\$102.47	\$199.33	\$203.54	\$273.72
31	\$102.47	\$199.33	\$203.54	\$273.72
32	\$102.47	\$199.33	\$203.54	\$273.72
33	\$105.28	\$204.94	\$209.15	\$280.74
34	\$109.49	\$213.36	\$217.57	\$291.97
35	\$113.70	\$221.78	\$226.00	\$303.20
36	\$117.91	\$230.21	\$234.42	\$314.43
37	\$122.12	\$238.63	\$244.24	\$327.06
38	\$126.33	\$248.45	\$254.07	\$339.70
39	\$131.95	\$258.28	\$263.90	\$352.33
40	\$137.56	\$268.11	\$273.72	\$366.37
41	\$141.77	\$279.34	\$284.95	\$380.40
42	\$147.39	\$289.16	\$296.18	\$395.84
43	\$153.00	\$300.39	\$307.41	\$411.28
44	\$160.02	\$313.03	\$318.64	\$428.13
45	\$165.64	\$324.25	\$331.27	\$444.97
46	\$172.66	\$336.89	\$343.91	\$461.82
47	\$179.67	\$350.93	\$357.94	\$480.07
48	\$186.69	\$364.96	\$371.98	\$498.31
49	\$193.71	\$379.00	\$386.02	\$517.97
50	\$200.73	\$393.04	\$401.46	\$539.02
51	\$209.15	\$408.48	\$416.90	\$560.08
52	\$217.57	\$425.32	\$433.74	\$581.13
53	\$226.00	\$442.17	\$450.59	\$603.59
54	\$234.42	\$459.01	\$468.84	\$627.45
55	\$242.84	\$477.26	\$487.08	\$651.32
56	\$252.67	\$495.51	\$505.33	\$677.99
57	\$262.49	\$515.16	\$524.98	\$703.25
58	\$272.32	\$534.81	\$546.04	\$731.33
59	\$283.55	\$555.87	\$567.09	\$759.40
60	\$294.78	\$576.92	\$589.55	\$790.28
61	\$306.01	\$599.38	\$612.01	\$821.16
62	\$306.01	\$599.38	\$612.01	\$821.16
63	\$306.01	\$599.38	\$612.01	\$821.16
64	\$306.01	\$599.38	\$612.01	\$821.16
65	\$306.01	\$599.38	\$612.01	\$821.16
>65 Non Medicare Eligible	\$306.01	\$599.38	\$612.01	\$821.16
65+ Medicare Eligible**	\$306.01	\$599.38	\$612.01	\$821.16

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$160.43**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$88.24	-	-	-
6-18 **	\$78.61	\$154.01	\$157.22	\$210.16
19-20	\$117.11	\$227.81	\$232.62	\$312.84
21	\$117.11	\$227.81	\$232.62	\$312.84
22	\$117.11	\$227.81	\$232.62	\$312.84
23	\$117.11	\$227.81	\$232.62	\$312.84
24	\$117.11	\$227.81	\$232.62	\$312.84
25	\$117.11	\$227.81	\$232.62	\$312.84
26	\$117.11	\$227.81	\$232.62	\$312.84
27	\$117.11	\$227.81	\$232.62	\$312.84
28	\$117.11	\$227.81	\$232.62	\$312.84
29	\$117.11	\$227.81	\$232.62	\$312.84
30	\$117.11	\$227.81	\$232.62	\$312.84
31	\$117.11	\$227.81	\$232.62	\$312.84
32	\$117.11	\$227.81	\$232.62	\$312.84
33	\$120.32	\$234.23	\$239.04	\$320.86
34	\$125.14	\$243.85	\$248.67	\$333.69
35	\$129.95	\$253.48	\$258.29	\$346.53
36	\$134.76	\$263.11	\$267.92	\$359.36
37	\$139.57	\$272.73	\$279.15	\$373.80
38	\$144.39	\$283.96	\$290.38	\$388.24
39	\$150.80	\$295.19	\$301.61	\$402.68
40	\$157.22	\$306.42	\$312.84	\$418.72
41	\$162.03	\$319.26	\$325.67	\$434.77
42	\$168.45	\$330.49	\$338.51	\$452.41
43	\$174.87	\$343.32	\$351.34	\$470.06
44	\$182.89	\$357.76	\$364.18	\$489.31
45	\$189.31	\$370.59	\$378.61	\$508.56
46	\$197.33	\$385.03	\$393.05	\$527.81
47	\$205.35	\$401.08	\$409.10	\$548.67
48	\$213.37	\$417.12	\$425.14	\$569.53
49	\$221.39	\$433.16	\$441.18	\$591.99
50	\$229.41	\$449.20	\$458.83	\$616.05
51	\$239.04	\$466.85	\$476.48	\$640.12
52	\$248.67	\$486.10	\$495.73	\$664.18
53	\$258.29	\$505.35	\$514.98	\$689.85
54	\$267.92	\$524.61	\$535.84	\$717.12
55	\$277.54	\$545.46	\$556.69	\$744.40
56	\$288.77	\$566.32	\$577.55	\$774.88
57	\$300.00	\$588.78	\$600.01	\$803.75
58	\$311.23	\$611.24	\$624.07	\$835.84
59	\$324.07	\$635.30	\$648.14	\$867.93
60	\$336.90	\$659.37	\$673.81	\$903.22
61	\$349.74	\$685.04	\$699.47	\$938.52
62	\$349.74	\$685.04	\$699.47	\$938.52
63	\$349.74	\$685.04	\$699.47	\$938.52
64	\$349.74	\$685.04	\$699.47	\$938.52
65	\$349.74	\$685.04	\$699.47	\$938.52
>65 Non Medicare Eligible	\$349.74	\$685.04	\$699.47	\$938.52
65+ Medicare Eligible**	\$349.74	\$685.04	\$699.47	\$938.52

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$173.80**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$95.59	-	-	-
6-18 **	\$85.16	\$166.85	\$170.32	\$227.68
19-20	\$126.87	\$246.80	\$252.01	\$338.91
21	\$126.87	\$246.80	\$252.01	\$338.91
22	\$126.87	\$246.80	\$252.01	\$338.91
23	\$126.87	\$246.80	\$252.01	\$338.91
24	\$126.87	\$246.80	\$252.01	\$338.91
25	\$126.87	\$246.80	\$252.01	\$338.91
26	\$126.87	\$246.80	\$252.01	\$338.91
27	\$126.87	\$246.80	\$252.01	\$338.91
28	\$126.87	\$246.80	\$252.01	\$338.91
29	\$126.87	\$246.80	\$252.01	\$338.91
30	\$126.87	\$246.80	\$252.01	\$338.91
31	\$126.87	\$246.80	\$252.01	\$338.91
32	\$126.87	\$246.80	\$252.01	\$338.91
33	\$130.35	\$253.75	\$258.96	\$347.60
34	\$135.56	\$264.18	\$269.39	\$361.50
35	\$140.78	\$274.60	\$279.82	\$375.41
36	\$145.99	\$285.03	\$290.25	\$389.31
37	\$151.21	\$295.46	\$302.41	\$404.95
38	\$156.42	\$307.63	\$314.58	\$420.60
39	\$163.37	\$319.79	\$326.74	\$436.24
40	\$170.32	\$331.96	\$338.91	\$453.62
41	\$175.54	\$345.86	\$352.81	\$471.00
42	\$182.49	\$358.03	\$366.72	\$490.12
43	\$189.44	\$371.93	\$380.62	\$509.23
44	\$198.13	\$387.57	\$394.53	\$530.09
45	\$205.08	\$401.48	\$410.17	\$550.95
46	\$213.77	\$417.12	\$425.81	\$571.80
47	\$222.46	\$434.50	\$443.19	\$594.40
48	\$231.15	\$451.88	\$460.57	\$616.99
49	\$239.84	\$469.26	\$477.95	\$641.32
50	\$248.53	\$486.64	\$497.07	\$667.39
51	\$258.96	\$505.76	\$516.19	\$693.46
52	\$269.39	\$526.61	\$537.04	\$719.53
53	\$279.82	\$547.47	\$557.90	\$747.34
54	\$290.25	\$568.33	\$580.49	\$776.89
55	\$300.67	\$590.92	\$603.09	\$806.43
56	\$312.84	\$613.51	\$625.68	\$839.45
57	\$325.01	\$637.85	\$650.01	\$870.74
58	\$337.17	\$662.18	\$676.08	\$905.50
59	\$351.08	\$688.25	\$702.15	\$940.26
60	\$364.98	\$714.32	\$729.96	\$978.49
61	\$378.88	\$742.13	\$757.77	\$1,016.73
62	\$378.88	\$742.13	\$757.77	\$1,016.73
63	\$378.88	\$742.13	\$757.77	\$1,016.73
64	\$378.88	\$742.13	\$757.77	\$1,016.73
65	\$378.88	\$742.13	\$757.77	\$1,016.73
>65 Non Medicare Eligible	\$378.88	\$742.13	\$757.77	\$1,016.73
65+ Medicare Eligible**	\$378.88	\$742.13	\$757.77	\$1,016.73

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$200.54**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$110.30	-	-	-
6-18 **	\$98.26	\$192.52	\$196.53	\$262.71
19-20	\$146.39	\$284.77	\$290.78	\$391.05
21	\$146.39	\$284.77	\$290.78	\$391.05
22	\$146.39	\$284.77	\$290.78	\$391.05
23	\$146.39	\$284.77	\$290.78	\$391.05
24	\$146.39	\$284.77	\$290.78	\$391.05
25	\$146.39	\$284.77	\$290.78	\$391.05
26	\$146.39	\$284.77	\$290.78	\$391.05
27	\$146.39	\$284.77	\$290.78	\$391.05
28	\$146.39	\$284.77	\$290.78	\$391.05
29	\$146.39	\$284.77	\$290.78	\$391.05
30	\$146.39	\$284.77	\$290.78	\$391.05
31	\$146.39	\$284.77	\$290.78	\$391.05
32	\$146.39	\$284.77	\$290.78	\$391.05
33	\$150.41	\$292.79	\$298.80	\$401.08
34	\$156.42	\$304.82	\$310.84	\$417.12
35	\$162.44	\$316.85	\$322.87	\$433.17
36	\$168.45	\$328.89	\$334.90	\$449.21
37	\$174.47	\$340.92	\$348.94	\$467.26
38	\$180.49	\$354.96	\$362.98	\$485.31
39	\$188.51	\$368.99	\$377.02	\$503.36
40	\$196.53	\$383.03	\$391.05	\$523.41
41	\$202.55	\$399.07	\$407.10	\$543.46
42	\$210.57	\$413.11	\$423.14	\$565.52
43	\$218.59	\$429.16	\$439.18	\$587.58
44	\$228.62	\$447.20	\$455.23	\$611.65
45	\$236.64	\$463.25	\$473.27	\$635.71
46	\$246.66	\$481.30	\$491.32	\$659.78
47	\$256.69	\$501.35	\$511.38	\$685.85
48	\$266.72	\$521.40	\$531.43	\$711.92
49	\$276.75	\$541.46	\$551.49	\$739.99
50	\$286.77	\$561.51	\$573.54	\$770.07
51	\$298.80	\$583.57	\$595.60	\$800.15
52	\$310.84	\$607.64	\$619.67	\$830.24
53	\$322.87	\$631.70	\$643.73	\$862.32
54	\$334.90	\$655.77	\$669.80	\$896.41
55	\$346.93	\$681.84	\$695.87	\$930.51
56	\$360.97	\$707.91	\$721.94	\$968.61
57	\$375.01	\$735.98	\$750.02	\$1,004.71
58	\$389.05	\$764.06	\$780.10	\$1,044.81
59	\$405.09	\$794.14	\$810.18	\$1,084.92
60	\$421.13	\$824.22	\$842.27	\$1,129.04
61	\$437.18	\$856.31	\$874.35	\$1,173.16
62	\$437.18	\$856.31	\$874.35	\$1,173.16
63	\$437.18	\$856.31	\$874.35	\$1,173.16
64	\$437.18	\$856.31	\$874.35	\$1,173.16
65	\$437.18	\$856.31	\$874.35	\$1,173.16
>65 Non Medicare Eligible	\$437.18	\$856.31	\$874.35	\$1,173.16
65+ Medicare Eligible**	\$437.18	\$856.31	\$874.35	\$1,173.16

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$240.64**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$132.35	-	-	-
6-18 **	\$117.91	\$231.01	\$235.83	\$315.24
19-20	\$175.67	\$341.71	\$348.93	\$469.25
21	\$175.67	\$341.71	\$348.93	\$469.25
22	\$175.67	\$341.71	\$348.93	\$469.25
23	\$175.67	\$341.71	\$348.93	\$469.25
24	\$175.67	\$341.71	\$348.93	\$469.25
25	\$175.67	\$341.71	\$348.93	\$469.25
26	\$175.67	\$341.71	\$348.93	\$469.25
27	\$175.67	\$341.71	\$348.93	\$469.25
28	\$175.67	\$341.71	\$348.93	\$469.25
29	\$175.67	\$341.71	\$348.93	\$469.25
30	\$175.67	\$341.71	\$348.93	\$469.25
31	\$175.67	\$341.71	\$348.93	\$469.25
32	\$175.67	\$341.71	\$348.93	\$469.25
33	\$180.48	\$351.33	\$358.55	\$481.28
34	\$187.70	\$365.77	\$372.99	\$500.53
35	\$194.92	\$380.21	\$387.43	\$519.78
36	\$202.14	\$394.65	\$401.87	\$539.03
37	\$209.36	\$409.09	\$418.71	\$560.69
38	\$216.58	\$425.93	\$435.56	\$582.35
39	\$226.20	\$442.78	\$452.40	\$604.01
40	\$235.83	\$459.62	\$469.25	\$628.07
41	\$243.05	\$478.87	\$488.50	\$652.13
42	\$252.67	\$495.72	\$507.75	\$678.60
43	\$262.30	\$514.97	\$527.00	\$705.08
44	\$274.33	\$536.63	\$546.25	\$733.95
45	\$283.96	\$555.88	\$567.91	\$762.83
46	\$295.99	\$577.54	\$589.57	\$791.71
47	\$308.02	\$601.60	\$613.63	\$822.99
48	\$320.05	\$625.66	\$637.70	\$854.27
49	\$332.08	\$649.73	\$661.76	\$887.96
50	\$344.12	\$673.79	\$688.23	\$924.06
51	\$358.55	\$700.26	\$714.70	\$960.15
52	\$372.99	\$729.14	\$743.58	\$996.25
53	\$387.43	\$758.02	\$772.45	\$1,034.75
54	\$401.87	\$786.89	\$803.74	\$1,075.66
55	\$416.31	\$818.18	\$835.02	\$1,116.57
56	\$433.15	\$849.46	\$866.30	\$1,162.29
57	\$450.00	\$883.15	\$899.99	\$1,205.61
58	\$466.84	\$916.84	\$936.09	\$1,253.73
59	\$486.09	\$952.93	\$972.19	\$1,301.86
60	\$505.34	\$989.03	\$1,010.69	\$1,354.80
61	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
62	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
63	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
64	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
65	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
>65 Non Medicare Eligible	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
65+ Medicare Eligible**	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$116.77**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$64.22	-	-	-
6-18 **	\$57.22	\$112.10	\$114.43	\$152.97
19-20	\$85.24	\$165.81	\$169.32	\$227.70
21	\$85.24	\$165.81	\$169.32	\$227.70
22	\$85.24	\$165.81	\$169.32	\$227.70
23	\$85.24	\$165.81	\$169.32	\$227.70
24	\$85.24	\$165.81	\$169.32	\$227.70
25	\$85.24	\$165.81	\$169.32	\$227.70
26	\$85.24	\$165.81	\$169.32	\$227.70
27	\$85.24	\$165.81	\$169.32	\$227.70
28	\$85.24	\$165.81	\$169.32	\$227.70
29	\$85.24	\$165.81	\$169.32	\$227.70
30	\$85.24	\$165.81	\$169.32	\$227.70
31	\$85.24	\$165.81	\$169.32	\$227.70
32	\$85.24	\$165.81	\$169.32	\$227.70
33	\$87.58	\$170.48	\$173.99	\$233.54
34	\$91.08	\$177.49	\$180.99	\$242.88
35	\$94.58	\$184.50	\$188.00	\$252.22
36	\$98.09	\$191.50	\$195.01	\$261.56
37	\$101.59	\$198.51	\$203.18	\$272.07
38	\$105.09	\$206.68	\$211.35	\$282.58
39	\$109.76	\$214.86	\$219.53	\$293.09
40	\$114.43	\$223.03	\$227.70	\$304.77
41	\$117.94	\$232.37	\$237.04	\$316.45
42	\$122.61	\$240.55	\$246.38	\$329.29
43	\$127.28	\$249.89	\$255.73	\$342.14
44	\$133.12	\$260.40	\$265.07	\$356.15
45	\$137.79	\$269.74	\$275.58	\$370.16
46	\$143.63	\$280.25	\$286.09	\$384.17
47	\$149.47	\$291.93	\$297.76	\$399.35
48	\$155.30	\$303.60	\$309.44	\$414.53
49	\$161.14	\$315.28	\$321.12	\$430.88
50	\$166.98	\$326.96	\$333.96	\$448.40
51	\$173.99	\$339.80	\$346.81	\$465.91
52	\$180.99	\$353.81	\$360.82	\$483.43
53	\$188.00	\$367.83	\$374.83	\$502.11
54	\$195.01	\$381.84	\$390.01	\$521.96
55	\$202.01	\$397.02	\$405.19	\$541.81
56	\$210.19	\$412.20	\$420.37	\$564.00
57	\$218.36	\$428.55	\$436.72	\$585.02
58	\$226.53	\$444.89	\$454.24	\$608.37
59	\$235.88	\$462.41	\$471.75	\$631.73
60	\$245.22	\$479.92	\$490.43	\$657.42
61	\$254.56	\$498.61	\$509.12	\$683.10
62	\$254.56	\$498.61	\$509.12	\$683.10
63	\$254.56	\$498.61	\$509.12	\$683.10
64	\$254.56	\$498.61	\$509.12	\$683.10
65	\$254.56	\$498.61	\$509.12	\$683.10
>65 Non Medicare Eligible	\$254.56	\$498.61	\$509.12	\$683.10
65+ Medicare Eligible**	\$254.56	\$498.61	\$509.12	\$683.10

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$122.61**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$67.44	-	-	-
6-18 **	\$60.08	\$117.71	\$120.16	\$160.62
19-20	\$89.51	\$174.11	\$177.78	\$239.09
21	\$89.51	\$174.11	\$177.78	\$239.09
22	\$89.51	\$174.11	\$177.78	\$239.09
23	\$89.51	\$174.11	\$177.78	\$239.09
24	\$89.51	\$174.11	\$177.78	\$239.09
25	\$89.51	\$174.11	\$177.78	\$239.09
26	\$89.51	\$174.11	\$177.78	\$239.09
27	\$89.51	\$174.11	\$177.78	\$239.09
28	\$89.51	\$174.11	\$177.78	\$239.09
29	\$89.51	\$174.11	\$177.78	\$239.09
30	\$89.51	\$174.11	\$177.78	\$239.09
31	\$89.51	\$174.11	\$177.78	\$239.09
32	\$89.51	\$174.11	\$177.78	\$239.09
33	\$91.96	\$179.01	\$182.69	\$245.22
34	\$95.64	\$186.37	\$190.05	\$255.03
35	\$99.31	\$193.72	\$197.40	\$264.84
36	\$102.99	\$201.08	\$204.76	\$274.65
37	\$106.67	\$208.44	\$213.34	\$285.68
38	\$110.35	\$217.02	\$221.92	\$296.72
39	\$115.25	\$225.60	\$230.51	\$307.75
40	\$120.16	\$234.19	\$239.09	\$320.01
41	\$123.84	\$243.99	\$248.90	\$332.27
42	\$128.74	\$252.58	\$258.71	\$345.76
43	\$133.64	\$262.39	\$268.52	\$359.25
44	\$139.78	\$273.42	\$278.32	\$373.96
45	\$144.68	\$283.23	\$289.36	\$388.67
46	\$150.81	\$294.26	\$300.39	\$403.39
47	\$156.94	\$306.53	\$312.66	\$419.33
48	\$163.07	\$318.79	\$324.92	\$435.27
49	\$169.20	\$331.05	\$337.18	\$452.43
50	\$175.33	\$343.31	\$350.66	\$470.82
51	\$182.69	\$356.80	\$364.15	\$489.21
52	\$190.05	\$371.51	\$378.86	\$507.61
53	\$197.40	\$386.22	\$393.58	\$527.22
54	\$204.76	\$400.93	\$409.52	\$548.07
55	\$212.12	\$416.87	\$425.46	\$568.91
56	\$220.70	\$432.81	\$441.40	\$592.21
57	\$229.28	\$449.98	\$458.56	\$614.28
58	\$237.86	\$467.14	\$476.95	\$638.80
59	\$247.67	\$485.54	\$495.34	\$663.32
60	\$257.48	\$503.93	\$514.96	\$690.29
61	\$267.29	\$523.54	\$534.58	\$717.27
62	\$267.29	\$523.54	\$534.58	\$717.27
63	\$267.29	\$523.54	\$534.58	\$717.27
64	\$267.29	\$523.54	\$534.58	\$717.27
65	\$267.29	\$523.54	\$534.58	\$717.27
>65 Non Medicare Eligible	\$267.29	\$523.54	\$534.58	\$717.27
65+ Medicare Eligible**	\$267.29	\$523.54	\$534.58	\$717.27

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$140.12**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$77.07	-	-	-
6-18 **	\$68.66	\$134.52	\$137.32	\$183.56
19-20	\$102.29	\$198.97	\$203.17	\$273.23
21	\$102.29	\$198.97	\$203.17	\$273.23
22	\$102.29	\$198.97	\$203.17	\$273.23
23	\$102.29	\$198.97	\$203.17	\$273.23
24	\$102.29	\$198.97	\$203.17	\$273.23
25	\$102.29	\$198.97	\$203.17	\$273.23
26	\$102.29	\$198.97	\$203.17	\$273.23
27	\$102.29	\$198.97	\$203.17	\$273.23
28	\$102.29	\$198.97	\$203.17	\$273.23
29	\$102.29	\$198.97	\$203.17	\$273.23
30	\$102.29	\$198.97	\$203.17	\$273.23
31	\$102.29	\$198.97	\$203.17	\$273.23
32	\$102.29	\$198.97	\$203.17	\$273.23
33	\$105.09	\$204.58	\$208.78	\$280.24
34	\$109.29	\$212.98	\$217.19	\$291.45
35	\$113.50	\$221.39	\$225.59	\$302.66
36	\$117.70	\$229.80	\$234.00	\$313.87
37	\$121.90	\$238.20	\$243.81	\$326.48
38	\$126.11	\$248.01	\$253.62	\$339.09
39	\$131.71	\$257.82	\$263.43	\$351.70
40	\$137.32	\$267.63	\$273.23	\$365.71
41	\$141.52	\$278.84	\$284.44	\$379.73
42	\$147.13	\$288.65	\$295.65	\$395.14
43	\$152.73	\$299.86	\$306.86	\$410.55
44	\$159.74	\$312.47	\$318.07	\$427.37
45	\$165.34	\$323.68	\$330.68	\$444.18
46	\$172.35	\$336.29	\$343.29	\$460.99
47	\$179.35	\$350.30	\$357.31	\$479.21
48	\$186.36	\$364.31	\$371.32	\$497.43
49	\$193.37	\$378.32	\$385.33	\$517.04
50	\$200.37	\$392.34	\$400.74	\$538.06
51	\$208.78	\$407.75	\$416.16	\$559.08
52	\$217.19	\$424.56	\$432.97	\$580.10
53	\$225.59	\$441.38	\$449.79	\$602.52
54	\$234.00	\$458.19	\$468.00	\$626.34
55	\$242.41	\$476.41	\$486.22	\$650.16
56	\$252.22	\$494.62	\$504.43	\$676.78
57	\$262.02	\$514.24	\$524.05	\$702.00
58	\$271.83	\$533.86	\$545.07	\$730.03
59	\$283.04	\$554.88	\$566.08	\$758.05
60	\$294.25	\$575.89	\$588.50	\$788.88
61	\$305.46	\$598.31	\$610.92	\$819.70
62	\$305.46	\$598.31	\$610.92	\$819.70
63	\$305.46	\$598.31	\$610.92	\$819.70
64	\$305.46	\$598.31	\$610.92	\$819.70
65	\$305.46	\$598.31	\$610.92	\$819.70
>65 Non Medicare Eligible	\$305.46	\$598.31	\$610.92	\$819.70
65+ Medicare Eligible**	\$305.46	\$598.31	\$610.92	\$819.70

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$151.80**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$83.49	-	-	-
6-18 **	\$74.38	\$145.73	\$148.76	\$198.86
19-20	\$110.81	\$215.56	\$220.11	\$296.01
21	\$110.81	\$215.56	\$220.11	\$296.01
22	\$110.81	\$215.56	\$220.11	\$296.01
23	\$110.81	\$215.56	\$220.11	\$296.01
24	\$110.81	\$215.56	\$220.11	\$296.01
25	\$110.81	\$215.56	\$220.11	\$296.01
26	\$110.81	\$215.56	\$220.11	\$296.01
27	\$110.81	\$215.56	\$220.11	\$296.01
28	\$110.81	\$215.56	\$220.11	\$296.01
29	\$110.81	\$215.56	\$220.11	\$296.01
30	\$110.81	\$215.56	\$220.11	\$296.01
31	\$110.81	\$215.56	\$220.11	\$296.01
32	\$110.81	\$215.56	\$220.11	\$296.01
33	\$113.85	\$221.63	\$226.18	\$303.60
34	\$118.40	\$230.74	\$235.29	\$315.74
35	\$122.96	\$239.84	\$244.40	\$327.89
36	\$127.51	\$248.95	\$253.51	\$340.03
37	\$132.07	\$258.06	\$264.13	\$353.69
38	\$136.62	\$268.69	\$274.76	\$367.36
39	\$142.69	\$279.31	\$285.38	\$381.02
40	\$148.76	\$289.94	\$296.01	\$396.20
41	\$153.32	\$302.08	\$308.15	\$411.38
42	\$159.39	\$312.71	\$320.30	\$428.08
43	\$165.46	\$324.85	\$332.44	\$444.77
44	\$173.05	\$338.51	\$344.59	\$462.99
45	\$179.12	\$350.66	\$358.25	\$481.21
46	\$186.71	\$364.32	\$371.91	\$499.42
47	\$194.30	\$379.50	\$387.09	\$519.16
48	\$201.89	\$394.68	\$402.27	\$538.89
49	\$209.48	\$409.86	\$417.45	\$560.14
50	\$217.07	\$425.04	\$434.15	\$582.91
51	\$226.18	\$441.74	\$450.85	\$605.68
52	\$235.29	\$459.95	\$469.06	\$628.45
53	\$244.40	\$478.17	\$487.28	\$652.74
54	\$253.51	\$496.39	\$507.01	\$678.55
55	\$262.61	\$516.12	\$526.75	\$704.35
56	\$273.24	\$535.85	\$546.48	\$733.19
57	\$283.87	\$557.11	\$567.73	\$760.52
58	\$294.49	\$578.36	\$590.50	\$790.88
59	\$306.64	\$601.13	\$613.27	\$821.24
60	\$318.78	\$623.90	\$637.56	\$854.63
61	\$330.92	\$648.19	\$661.85	\$888.03
62	\$330.92	\$648.19	\$661.85	\$888.03
63	\$330.92	\$648.19	\$661.85	\$888.03
64	\$330.92	\$648.19	\$661.85	\$888.03
65	\$330.92	\$648.19	\$661.85	\$888.03
>65 Non Medicare Eligible	\$330.92	\$648.19	\$661.85	\$888.03
65+ Medicare Eligible**	\$330.92	\$648.19	\$661.85	\$888.03

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$175.16**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$96.34	-	-	-
6-18 **	\$85.83	\$168.15	\$171.66	\$229.46
19-20	\$127.87	\$248.73	\$253.98	\$341.56
21	\$127.87	\$248.73	\$253.98	\$341.56
22	\$127.87	\$248.73	\$253.98	\$341.56
23	\$127.87	\$248.73	\$253.98	\$341.56
24	\$127.87	\$248.73	\$253.98	\$341.56
25	\$127.87	\$248.73	\$253.98	\$341.56
26	\$127.87	\$248.73	\$253.98	\$341.56
27	\$127.87	\$248.73	\$253.98	\$341.56
28	\$127.87	\$248.73	\$253.98	\$341.56
29	\$127.87	\$248.73	\$253.98	\$341.56
30	\$127.87	\$248.73	\$253.98	\$341.56
31	\$127.87	\$248.73	\$253.98	\$341.56
32	\$127.87	\$248.73	\$253.98	\$341.56
33	\$131.37	\$255.73	\$260.99	\$350.32
34	\$136.62	\$266.24	\$271.50	\$364.33
35	\$141.88	\$276.75	\$282.01	\$378.35
36	\$147.13	\$287.26	\$292.52	\$392.36
37	\$152.39	\$297.77	\$304.78	\$408.12
38	\$157.64	\$310.03	\$317.04	\$423.89
39	\$164.65	\$322.29	\$329.30	\$439.65
40	\$171.66	\$334.56	\$341.56	\$457.17
41	\$176.91	\$348.57	\$355.57	\$474.68
42	\$183.92	\$360.83	\$369.59	\$493.95
43	\$190.92	\$374.84	\$383.60	\$513.22
44	\$199.68	\$390.61	\$397.61	\$534.24
45	\$206.69	\$404.62	\$413.38	\$555.26
46	\$215.45	\$420.38	\$429.14	\$576.28
47	\$224.20	\$437.90	\$446.66	\$599.05
48	\$232.96	\$455.42	\$464.17	\$621.82
49	\$241.72	\$472.93	\$481.69	\$646.34
50	\$250.48	\$490.45	\$500.96	\$672.61
51	\$260.99	\$509.72	\$520.23	\$698.89
52	\$271.50	\$530.73	\$541.24	\$725.16
53	\$282.01	\$551.75	\$562.26	\$753.19
54	\$292.52	\$572.77	\$585.03	\$782.97
55	\$303.03	\$595.54	\$607.81	\$812.74
56	\$315.29	\$618.31	\$630.58	\$846.02
57	\$327.55	\$642.84	\$655.10	\$877.55
58	\$339.81	\$667.36	\$681.37	\$912.58
59	\$353.82	\$693.63	\$707.65	\$947.62
60	\$367.84	\$719.91	\$735.67	\$986.15
61	\$381.85	\$747.93	\$763.70	\$1,024.69
62	\$381.85	\$747.93	\$763.70	\$1,024.69
63	\$381.85	\$747.93	\$763.70	\$1,024.69
64	\$381.85	\$747.93	\$763.70	\$1,024.69
65	\$381.85	\$747.93	\$763.70	\$1,024.69
>65 Non Medicare Eligible	\$381.85	\$747.93	\$763.70	\$1,024.69
65+ Medicare Eligible**	\$381.85	\$747.93	\$763.70	\$1,024.69

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$210.19**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$115.60	-	-	-
6-18 **	\$102.99	\$201.78	\$205.99	\$275.35
19-20	\$153.44	\$298.47	\$304.78	\$409.87
21	\$153.44	\$298.47	\$304.78	\$409.87
22	\$153.44	\$298.47	\$304.78	\$409.87
23	\$153.44	\$298.47	\$304.78	\$409.87
24	\$153.44	\$298.47	\$304.78	\$409.87
25	\$153.44	\$298.47	\$304.78	\$409.87
26	\$153.44	\$298.47	\$304.78	\$409.87
27	\$153.44	\$298.47	\$304.78	\$409.87
28	\$153.44	\$298.47	\$304.78	\$409.87
29	\$153.44	\$298.47	\$304.78	\$409.87
30	\$153.44	\$298.47	\$304.78	\$409.87
31	\$153.44	\$298.47	\$304.78	\$409.87
32	\$153.44	\$298.47	\$304.78	\$409.87
33	\$157.64	\$306.88	\$313.18	\$420.38
34	\$163.95	\$319.49	\$325.79	\$437.20
35	\$170.25	\$332.10	\$338.41	\$454.01
36	\$176.56	\$344.71	\$351.02	\$470.83
37	\$182.87	\$357.32	\$365.73	\$489.74
38	\$189.17	\$372.04	\$380.44	\$508.66
39	\$197.58	\$386.75	\$395.16	\$527.58
40	\$205.99	\$401.46	\$409.87	\$548.60
41	\$212.29	\$418.28	\$426.69	\$569.61
42	\$220.70	\$432.99	\$443.50	\$592.74
43	\$229.11	\$449.81	\$460.32	\$615.86
44	\$239.62	\$468.72	\$477.13	\$641.08
45	\$248.02	\$485.54	\$496.05	\$666.30
46	\$258.53	\$504.46	\$514.97	\$691.53
47	\$269.04	\$525.48	\$535.98	\$718.85
48	\$279.55	\$546.49	\$557.00	\$746.17
49	\$290.06	\$567.51	\$578.02	\$775.60
50	\$300.57	\$588.53	\$601.14	\$807.13
51	\$313.18	\$611.65	\$624.26	\$838.66
52	\$325.79	\$636.88	\$649.49	\$870.19
53	\$338.41	\$662.10	\$674.71	\$903.82
54	\$351.02	\$687.32	\$702.03	\$939.55
55	\$363.63	\$714.65	\$729.36	\$975.28
56	\$378.34	\$741.97	\$756.68	\$1,015.22
57	\$393.06	\$771.40	\$786.11	\$1,053.05
58	\$407.77	\$800.82	\$817.64	\$1,095.09
59	\$424.58	\$832.35	\$849.17	\$1,137.13
60	\$441.40	\$863.88	\$882.80	\$1,183.37
61	\$458.21	\$897.51	\$916.43	\$1,229.61
62	\$458.21	\$897.51	\$916.43	\$1,229.61
63	\$458.21	\$897.51	\$916.43	\$1,229.61
64	\$458.21	\$897.51	\$916.43	\$1,229.61
65	\$458.21	\$897.51	\$916.43	\$1,229.61
>65 Non Medicare Eligible	\$458.21	\$897.51	\$916.43	\$1,229.61
65+ Medicare Eligible**	\$458.21	\$897.51	\$916.43	\$1,229.61

****not available to new sales**

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO

District of Columbia

Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx

Rate Filing # 1768
Actuarial Memorandum

Effective 8/1/2012

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Rate Filing # 1768
Actuarial Memorandum
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ACTUARIAL CERTIFICATION

I, Brad Boban, am a Pricing Actuary with CareFirst BlueCross BlueShield of which CareFirst BlueChoice, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge, these rating methodologies comply with applicable laws and regulations of the District of Columbia, and produce premiums that are reasonable in relation to benefits, and are based on sound and commonly accepted actuarial principles.

Brad Boban

Digitally signed by Brad Boban
DN: cn=Brad Boban, o=CareFirst BlueCross
BlueShield, ou=Actuarial Pricing,
email=brad.boban@carefirst.com, c=US
Date: 2012.04.11 11:23:10 -04'00'

Brad Boban, ASA, MAAA
Senior Actuarial Assistant, Supervisor
CareFirst BlueChoice, Incorporated
Mail Drop-Point 01-780
10455 Mill Run Circle
Owings Mills, Md. 21117

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
Rate Filing # 1768
District of Columbia
HealthyBlue 3.0 (HB3) - PPACA

The attached rate filing pertains to the individual non-Medigap underwritten business of CareFirst BlueCross BlueShield. These rates are for our new HealthyBlue 3.0 product line, which we seek to start selling effective 8/1/12. HealthyBlue 3.0 targets some higher deductible levels than HealthyBlue 2.0. Additionally, there are some benefit changes. The most significant are 1) The HB 3.0 product line consists of HSAs only; 2) Coverage received out-of-area with the BlueCard will now receive in-network level of benefits and 3) The introduction of different copays for Outpatient Facility at a non-hospital based setting (free-standing) and Outpatient Facility at a hospital based setting, to direct services to the more cost effective freestanding option.

All of the new HSA benefits will follow the underwriting criteria and counteroffer structure of the existing HealthyBlue. (Standard, 5% counter, 20% counter, 30% counter, 50% counter, 80% counter). BlueVision also remains as core to these plans.

There is no plan to cease selling HealthyBlue 2.0 at this time. These new options will be sold in addition to the two HealthyBlue 2.0 options.

Members in the current HealthyBlue product line will have the option to voluntarily switch into the equivalent deductible level of the new HealthyBlue 3.0 without going through medical re-underwriting. Consistent with our internal business rules that prohibit changing to a richer benefit without re-underwriting (to avoid anti-selection), members who wish to switch from a higher deductible option to a lower deductible option will have to go through underwriting to do so.

To be clear, all the above changes between options are at the member's complete discretion. We will not be forcing anybody from their current HealthyBlue product into a new one.

The Form numbers associated with this filing are:

DC/CFBC/HBADV/IEA (7/12)
DC/CFBC/DOL APPEAL (R. 9/11)
DC/CFBC/DB/HBADV/DOCS (7/12)
DC/CFBC/DB/HBADV/SOB (7/12)
DC/CFBC/DB/HBADV/IPP (7/12)
DC/BCOO/VISION (R. 10/11)
DC/CFBC/DB/HBADV/RX (7/12)
DC/CFBC/DB/HB ELIG (R. 2/11)
DC/CFBC/DB/HBADV/CHILD ELIG (7/12)
DC/CFBC/DB/HB/COUNTER (2/11)
DC/CFBC/DB/HB MED UND (2/11)

CareFirst BlueChoice, Inc. (NAIC No. 96202)
District of Columbia HealthyBlue 3.0 (HB3) - PPACA
Effective 8/1/2012
HealthyBlue Benefit Summary

		HB 2.0		HB 3.0			
		Existing \$1,500 Deductible Dual Option	Existing \$2,500 Deductible Dual Option	New \$1,500 HSA	New \$3,000 HSA	New \$4,000 HSA	New \$5,000 HSA
Option 1 Benefits (In-Network for new benefits)	PCP Required	Yes	Yes	No	No	No	No
	Referrals Required	No	No	No	No	No	No
	Ded	\$1,500	\$2,500	\$1,500	\$3,000	\$4,000	\$5,000
	OOP Max	\$4,500	\$5,000	\$3,000	\$5,000	\$6,000	\$6,050
	Routine Physical	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	PCP Copay	No Charge	No Charge	Ded, then no charge	Ded, then no charge	Ded, then no charge	Ded, then no charge
	SCP Copay	\$40 Copay	\$40 Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay
	I/P Facility Copay	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day	Ded, then \$450 copay per day
	O/P Facility (non-hospital) Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$40 copay
	O/P Facility (hospital) Copay	Ded, then \$40 copay	Ded, then \$40 copay	Ded, then \$200 copay	Ded, then \$200 copay	Ded, then \$200 copay	Ded, then \$200 copay
Option 2 Benefits (Out-of-Network for new benefits)	PCP Required	No	No	No	No	No	No
	Referrals Required	No	No	No	No	No	No
	Ded	\$2,500	\$3,500	\$3,000	\$4,500	\$5,500	\$6,050
	OOP Max	\$5,900	\$5,900	\$4,000	\$6,000	\$6,250	\$6,250
	Routine Physical	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge	Ded, No Charge
	PCP Copay	Ded, \$40 copay	Ded, No Charge	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75
	SCP Copay	Ded, \$40 copay	Ded, No Charge	Ded, then \$75	Ded, then \$75	Ded, then \$75	Ded, then \$75
	I/P Facility Copay	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day	Ded, then \$700 copay per day
	O/P Facility (non-hospital) Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$125 Copay
	O/P Facility (hospital) Copay	Ded, then \$125 Copay	Ded, then \$125 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay	Ded, then \$500 Copay
Emergency Services	Subject to Ded	No	No	Yes	Yes	Yes	Yes
	ER Copay (waived if admitted)	\$200	\$200	\$200	\$200	\$200	\$200
	UC Copay (Participating)	\$50	\$50	\$50	\$50	\$50	\$50
	Rx Coverage:	Not integrated with Medical	Not integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
	Rx Copays	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200	\$0/\$45/\$200
	Rx Deductible	\$400 stand-alone	\$400 stand-alone				

HEALTHYBLUE 3
INDIVIDUAL NON-MEDIGAP MARKET - DISTRICT OF COLUMBIA
GROSS INDIVIDUAL MONTHLY PREMIUMS EFFECTIVE 3Q12
Itemization of Pricing From HB2 to HB3

			<u>Medical</u>	<u>RX</u>	<u>Monthly Premium</u>
1	HB2 \$1,500	Non-H.S.A.	\$176.81	\$34.35	\$211.16
2	RX benefit Difference			105.5%	
	Cost Share Δ- Hospital OP Facility	copay from \$40 to \$150	97.8%		
	Cost Share Δ-OON	e.g., \$40 to \$125 Copays	98.9%		
	OOA Access Fees	20% OOA	102.7%		
	Augment vs Replace	67% OOA vs 20% OOA	106.3%		
	POS Selection		110.7%	110.7%	
	Induced HSA behavior		90.0%	90.0%	
	HB3 \$1,500	H.S.A.	\$186.07	\$36.11	\$222.17
	Δ				5.2%
			<u>H.S.A.</u>	<u>H.S.A.</u>	<u>H.S.A.</u>
			<u>5K</u>	<u>\$4.0K</u>	<u>\$3.0K</u>
		Medical	\$90.23	\$102.73	\$123.56
					\$186.06
		RX	\$26.54	\$30.96	\$34.30
		SUM:	\$116.77	\$133.69	\$157.86
					\$222.17

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia - HMO
Effective 8/1/2012
Age & Tier Factors

Gender Rated HealthyBlue 3.0						
Age Band	Age Factor	Tier Factors				Age Factor
	Age Factor	Individual	Individual/C hild(ren)	Individual/A dult	Family	Incremental Change
0-5	0.550	1.00				
6-18	0.490	1.00	1.96	2.00	2.68	-10.9%
19-20	0.727	1.00	1.96	2.00	2.68	48.4%
21	0.727	1.00	1.96	2.00	2.68	0.0%
22	0.727	1.00	1.96	2.00	2.68	0.0%
23	0.727	1.00	1.96	2.00	2.68	0.0%
24	0.727	1.00	1.96	2.00	2.68	0.0%
25	0.727	1.00	1.96	2.00	2.68	0.0%
26	0.727	1.00	1.96	2.00	2.68	0.0%
27	0.727	1.00	1.96	2.00	2.68	0.0%
28	0.727	1.00	1.96	2.00	2.68	0.0%
29	0.727	1.00	1.96	2.00	2.68	0.0%
30	0.727	1.00	1.96	2.00	2.68	0.0%
31	0.727	1.00	1.96	2.00	2.68	0.0%
32	0.727	1.00	1.96	2.00	2.68	0.0%
33	0.746	1.00	1.96	2.00	2.68	2.6%
34	0.775	1.00	1.96	2.00	2.68	3.9%
35	0.805	1.00	1.96	2.00	2.68	3.9%
36	0.836	1.00	1.96	2.00	2.68	3.9%
37	0.869	1.00	1.96	2.00	2.68	3.9%
38	0.903	1.00	1.96	2.00	2.68	3.9%
39	0.938	1.00	1.96	2.00	2.68	3.9%
40	0.975	1.00	1.96	2.00	2.68	3.9%
41	1.013	1.00	1.96	2.00	2.68	3.9%
42	1.053	1.00	1.96	2.00	2.68	3.9%
43	1.094	1.00	1.96	2.00	2.68	3.9%
44	1.137	1.00	1.96	2.00	2.68	3.9%
45	1.181	1.00	1.96	2.00	2.68	3.9%
46	1.227	1.00	1.96	2.00	2.68	3.9%
47	1.275	1.00	1.96	2.00	2.68	3.9%
48	1.325	1.00	1.96	2.00	2.68	3.9%
49	1.377	1.00	1.96	2.00	2.68	3.9%
50	1.431	1.00	1.96	2.00	2.68	3.9%
51	1.487	1.00	1.96	2.00	2.68	3.9%
52	1.545	1.00	1.96	2.00	2.68	3.9%
53	1.605	1.00	1.96	2.00	2.68	3.9%
54	1.668	1.00	1.96	2.00	2.68	3.9%
55	1.733	1.00	1.96	2.00	2.68	3.9%
56	1.801	1.00	1.96	2.00	2.68	3.9%
57	1.871	1.00	1.96	2.00	2.68	3.9%
58	1.944	1.00	1.96	2.00	2.68	3.9%
59	2.020	1.00	1.96	2.00	2.68	3.9%
60	2.099	1.00	1.96	2.00	2.68	3.9%
61	2.181	1.00	1.96	2.00	2.68	3.9%
62	2.181	1.00	1.96	2.00	2.68	0.0%
63	2.181	1.00	1.96	2.00	2.68	0.0%
64	2.181	1.00	1.96	2.00	2.68	0.0%
65	2.181	1.00	1.96	2.00	2.68	0.0%
>65 Non-Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%
>65 Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%
Rx						
>65 Medicare Eligible **	2.181	1.00	1.96	2.00	2.68	0.0%

** Only for renewals; not available for new sales.

Min
Max
Average

Max Incremental Change for 20% cap

CareFirst BlueChoice, Inc. (NAIC No. 96202)

**Individual, Non-Medigap Business
District of Columbia - HMO
HealthyBlue 3.0 (HB3) - PPACA
Proposed Medical & Rx Base Rates**

Medical

	Proposed Base Rate 8/1/2012	CounterOffer (5% Load) 1.05	CounterOffer (20% Load) 1.2	CounterOffer (30% Load) 1.3	CounterOffer (50% Load) 1.5	CounterOffer (80% Load) 1.8
Underwritten						
HB HSA 3.0 \$1,500 Ded	\$222.17	\$233.28	\$266.60	\$288.82	\$333.26	\$399.91
HB HSA 3.0 \$3,000 Ded	\$157.86	\$165.75	\$189.43	\$205.22	\$236.79	\$284.15
HB HSA 3.0 \$4,000 Ded	\$133.69	\$140.37	\$160.43	\$173.80	\$200.54	\$240.64
HB HSA 3.0 \$5,000 Ded	\$116.77	\$122.61	\$140.12	\$151.80	\$175.16	\$210.19

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO

District of Columbia

Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx

Rate Filing # 1768
Rate Filing

Effective 8/1/2012

CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
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HMO-UW-HB3-HSA-1500-Counter 80%	9
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HMO-UW-HB3-HSA-3000-Counter 5%	11
HMO-UW-HB3-HSA-3000-Counter 20%	12
HMO-UW-HB3-HSA-3000-Counter 30%	13
HMO-UW-HB3-HSA-3000-Counter 50%	14
HMO-UW-HB3-HSA-3000-Counter 80%	15
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CareFirst BlueChoice, Inc. (NAIC No. 96202)
Individual, Non-Medigap Business
HMO
District of Columbia
Underwritten
HealthyBlue 3.0 (HB3) - PPACA
Medical & Rx
Form Numbers

DC/CFBC/HBADV/IEA (7/12)
DC/CFBC/DOL APPEAL (R. 9/11)
DC/CFBC/DB/HBADV/DOCS (7/12)
DC/CFBC/DB/HBADV/SOB (7/12)
DC/CFBC/DB/HBADV/IPP (7/12)
DC/BCOO/VISION (R. 10/11)
DC/CFBC/DB/HBADV/RX (7/12)
DC/CFBC/DB/HB ELIG (R. 2/11)
DC/CFBC/DB/HBADV/CHILD ELIG (7/12)

DC/CFBC/DB/HB/COUNTER (2/11)
DC/CFBC/DB/HB MED UND (2/11)

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$222.17**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$122.19	-	-	-
6-18 **	\$108.86	\$213.28	\$217.73	\$291.04
19-20	\$162.18	\$315.48	\$322.15	\$433.23
21	\$162.18	\$315.48	\$322.15	\$433.23
22	\$162.18	\$315.48	\$322.15	\$433.23
23	\$162.18	\$315.48	\$322.15	\$433.23
24	\$162.18	\$315.48	\$322.15	\$433.23
25	\$162.18	\$315.48	\$322.15	\$433.23
26	\$162.18	\$315.48	\$322.15	\$433.23
27	\$162.18	\$315.48	\$322.15	\$433.23
28	\$162.18	\$315.48	\$322.15	\$433.23
29	\$162.18	\$315.48	\$322.15	\$433.23
30	\$162.18	\$315.48	\$322.15	\$433.23
31	\$162.18	\$315.48	\$322.15	\$433.23
32	\$162.18	\$315.48	\$322.15	\$433.23
33	\$166.63	\$324.37	\$331.03	\$444.34
34	\$173.29	\$337.70	\$344.36	\$462.11
35	\$179.96	\$351.03	\$357.69	\$479.89
36	\$186.62	\$364.36	\$371.02	\$497.66
37	\$193.29	\$377.69	\$386.58	\$517.66
38	\$199.95	\$393.24	\$402.13	\$537.65
39	\$208.84	\$408.79	\$417.68	\$557.65
40	\$217.73	\$424.34	\$433.23	\$579.86
41	\$224.39	\$442.12	\$451.01	\$602.08
42	\$233.28	\$457.67	\$468.78	\$626.52
43	\$242.17	\$475.44	\$486.55	\$650.96
44	\$253.27	\$495.44	\$504.33	\$677.62
45	\$262.16	\$513.21	\$524.32	\$704.28
46	\$273.27	\$533.21	\$544.32	\$730.94
47	\$284.38	\$555.43	\$566.53	\$759.82
48	\$295.49	\$577.64	\$588.75	\$788.70
49	\$306.59	\$599.86	\$610.97	\$819.81
50	\$317.70	\$622.08	\$635.41	\$853.13
51	\$331.03	\$646.51	\$659.84	\$886.46
52	\$344.36	\$673.18	\$686.51	\$919.78
53	\$357.69	\$699.84	\$713.17	\$955.33
54	\$371.02	\$726.50	\$742.05	\$993.10
55	\$384.35	\$755.38	\$770.93	\$1,030.87
56	\$399.91	\$784.26	\$799.81	\$1,073.08
57	\$415.46	\$815.36	\$830.92	\$1,113.07
58	\$431.01	\$846.47	\$864.24	\$1,157.51
59	\$448.78	\$879.79	\$897.57	\$1,201.94
60	\$466.56	\$913.12	\$933.11	\$1,250.82
61	\$484.33	\$948.67	\$968.66	\$1,299.69
62	\$484.33	\$948.67	\$968.66	\$1,299.69
63	\$484.33	\$948.67	\$968.66	\$1,299.69
64	\$484.33	\$948.67	\$968.66	\$1,299.69
65	\$484.33	\$948.67	\$968.66	\$1,299.69
>65 Non Medicare Eligible	\$484.33	\$948.67	\$968.66	\$1,299.69
65+ Medicare Eligible**	\$484.33	\$948.67	\$968.66	\$1,299.69

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$233.28**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$128.30	-	-	-
6-18 **	\$114.31	\$223.95	\$228.61	\$305.60
19-20	\$170.29	\$331.26	\$338.26	\$454.90
21	\$170.29	\$331.26	\$338.26	\$454.90
22	\$170.29	\$331.26	\$338.26	\$454.90
23	\$170.29	\$331.26	\$338.26	\$454.90
24	\$170.29	\$331.26	\$338.26	\$454.90
25	\$170.29	\$331.26	\$338.26	\$454.90
26	\$170.29	\$331.26	\$338.26	\$454.90
27	\$170.29	\$331.26	\$338.26	\$454.90
28	\$170.29	\$331.26	\$338.26	\$454.90
29	\$170.29	\$331.26	\$338.26	\$454.90
30	\$170.29	\$331.26	\$338.26	\$454.90
31	\$170.29	\$331.26	\$338.26	\$454.90
32	\$170.29	\$331.26	\$338.26	\$454.90
33	\$174.96	\$340.59	\$347.59	\$466.56
34	\$181.96	\$354.59	\$361.58	\$485.22
35	\$188.96	\$368.58	\$375.58	\$503.88
36	\$195.96	\$382.58	\$389.58	\$522.55
37	\$202.95	\$396.58	\$405.91	\$543.54
38	\$209.95	\$412.91	\$422.24	\$564.54
39	\$219.28	\$429.24	\$438.57	\$585.53
40	\$228.61	\$445.56	\$454.90	\$608.86
41	\$235.61	\$464.23	\$473.56	\$632.19
42	\$244.94	\$480.56	\$492.22	\$657.85
43	\$254.28	\$499.22	\$510.88	\$683.51
44	\$265.94	\$520.21	\$529.55	\$711.50
45	\$275.27	\$538.88	\$550.54	\$739.50
46	\$286.93	\$559.87	\$571.54	\$767.49
47	\$298.60	\$583.20	\$594.86	\$797.82
48	\$310.26	\$606.53	\$618.19	\$828.14
49	\$321.93	\$629.86	\$641.52	\$860.80
50	\$333.59	\$653.18	\$667.18	\$895.80
51	\$347.59	\$678.84	\$692.84	\$930.79
52	\$361.58	\$706.84	\$720.84	\$965.78
53	\$375.58	\$734.83	\$748.83	\$1,003.10
54	\$389.58	\$762.83	\$779.16	\$1,042.76
55	\$403.57	\$793.15	\$809.48	\$1,082.42
56	\$419.90	\$823.48	\$839.81	\$1,126.74
57	\$436.23	\$856.14	\$872.47	\$1,168.73
58	\$452.56	\$888.80	\$907.46	\$1,215.39
59	\$471.23	\$923.79	\$942.45	\$1,262.04
60	\$489.89	\$958.78	\$979.78	\$1,313.37
61	\$508.55	\$996.11	\$1,017.10	\$1,364.69
62	\$508.55	\$996.11	\$1,017.10	\$1,364.69
63	\$508.55	\$996.11	\$1,017.10	\$1,364.69
64	\$508.55	\$996.11	\$1,017.10	\$1,364.69
65	\$508.55	\$996.11	\$1,017.10	\$1,364.69
>65 Non Medicare Eligible	\$508.55	\$996.11	\$1,017.10	\$1,364.69
65+ Medicare Eligible**	\$508.55	\$996.11	\$1,017.10	\$1,364.69

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$266.60**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$146.63	-	-	-
6-18 **	\$130.63	\$255.94	\$261.27	\$349.25
19-20	\$194.62	\$378.57	\$386.57	\$519.87
21	\$194.62	\$378.57	\$386.57	\$519.87
22	\$194.62	\$378.57	\$386.57	\$519.87
23	\$194.62	\$378.57	\$386.57	\$519.87
24	\$194.62	\$378.57	\$386.57	\$519.87
25	\$194.62	\$378.57	\$386.57	\$519.87
26	\$194.62	\$378.57	\$386.57	\$519.87
27	\$194.62	\$378.57	\$386.57	\$519.87
28	\$194.62	\$378.57	\$386.57	\$519.87
29	\$194.62	\$378.57	\$386.57	\$519.87
30	\$194.62	\$378.57	\$386.57	\$519.87
31	\$194.62	\$378.57	\$386.57	\$519.87
32	\$194.62	\$378.57	\$386.57	\$519.87
33	\$199.95	\$389.24	\$397.23	\$533.20
34	\$207.95	\$405.23	\$413.23	\$554.53
35	\$215.95	\$421.23	\$429.23	\$575.86
36	\$223.94	\$437.22	\$445.22	\$597.18
37	\$231.94	\$453.22	\$463.88	\$621.18
38	\$239.94	\$471.88	\$482.55	\$645.17
39	\$250.60	\$490.54	\$501.21	\$669.17
40	\$261.27	\$509.21	\$519.87	\$695.83
41	\$269.27	\$530.53	\$541.20	\$722.49
42	\$279.93	\$549.20	\$562.53	\$751.81
43	\$290.59	\$570.52	\$583.85	\$781.14
44	\$303.92	\$594.52	\$605.18	\$813.13
45	\$314.59	\$615.85	\$629.18	\$845.12
46	\$327.92	\$639.84	\$653.17	\$877.11
47	\$341.25	\$666.50	\$679.83	\$911.77
48	\$354.58	\$693.16	\$706.49	\$946.43
49	\$367.91	\$719.82	\$733.15	\$983.75
50	\$381.24	\$746.48	\$762.48	\$1,023.74
51	\$397.23	\$775.81	\$791.80	\$1,063.73
52	\$413.23	\$807.80	\$823.79	\$1,103.72
53	\$429.23	\$839.79	\$855.79	\$1,146.38
54	\$445.22	\$871.78	\$890.44	\$1,191.70
55	\$461.22	\$906.44	\$925.10	\$1,237.02
56	\$479.88	\$941.10	\$959.76	\$1,287.68
57	\$498.54	\$978.42	\$997.08	\$1,335.67
58	\$517.20	\$1,015.75	\$1,037.07	\$1,388.99
59	\$538.53	\$1,055.74	\$1,077.06	\$1,442.31
60	\$559.86	\$1,095.73	\$1,119.72	\$1,500.96
61	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
62	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
63	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
64	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
65	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
>65 Non Medicare Eligible	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61
65+ Medicare Eligible**	\$581.19	\$1,138.38	\$1,162.38	\$1,559.61

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$288.82**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$158.85	-	-	-
6-18 **	\$141.52	\$277.27	\$283.04	\$378.35
19-20	\$210.84	\$410.12	\$418.79	\$563.20
21	\$210.84	\$410.12	\$418.79	\$563.20
22	\$210.84	\$410.12	\$418.79	\$563.20
23	\$210.84	\$410.12	\$418.79	\$563.20
24	\$210.84	\$410.12	\$418.79	\$563.20
25	\$210.84	\$410.12	\$418.79	\$563.20
26	\$210.84	\$410.12	\$418.79	\$563.20
27	\$210.84	\$410.12	\$418.79	\$563.20
28	\$210.84	\$410.12	\$418.79	\$563.20
29	\$210.84	\$410.12	\$418.79	\$563.20
30	\$210.84	\$410.12	\$418.79	\$563.20
31	\$210.84	\$410.12	\$418.79	\$563.20
32	\$210.84	\$410.12	\$418.79	\$563.20
33	\$216.62	\$421.68	\$430.34	\$577.64
34	\$225.28	\$439.01	\$447.67	\$600.75
35	\$233.94	\$456.34	\$465.00	\$623.85
36	\$242.61	\$473.66	\$482.33	\$646.96
37	\$251.27	\$490.99	\$502.55	\$672.95
38	\$259.94	\$511.21	\$522.76	\$698.94
39	\$271.49	\$531.43	\$542.98	\$724.94
40	\$283.04	\$551.65	\$563.20	\$753.82
41	\$291.71	\$574.75	\$586.30	\$782.70
42	\$303.26	\$594.97	\$609.41	\$814.47
43	\$314.81	\$618.07	\$632.52	\$846.24
44	\$329.25	\$644.07	\$655.62	\$880.90
45	\$340.81	\$667.17	\$681.62	\$915.56
46	\$355.25	\$693.17	\$707.61	\$950.22
47	\$369.69	\$722.05	\$736.49	\$987.76
48	\$384.13	\$750.93	\$765.37	\$1,025.31
49	\$398.57	\$779.81	\$794.26	\$1,065.75
50	\$413.01	\$808.70	\$826.03	\$1,109.07
51	\$430.34	\$840.47	\$857.80	\$1,152.39
52	\$447.67	\$875.12	\$892.45	\$1,195.71
53	\$465.00	\$909.78	\$927.11	\$1,241.93
54	\$482.33	\$944.44	\$964.66	\$1,291.03
55	\$499.66	\$981.99	\$1,002.21	\$1,340.12
56	\$519.88	\$1,019.53	\$1,039.75	\$1,395.00
57	\$540.09	\$1,059.97	\$1,080.19	\$1,446.99
58	\$560.31	\$1,100.40	\$1,123.51	\$1,504.75
59	\$583.42	\$1,143.73	\$1,166.83	\$1,562.52
60	\$606.52	\$1,187.05	\$1,213.04	\$1,626.06
61	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
62	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
63	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
64	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
65	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
>65 Non Medicare Eligible	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60
65+ Medicare Eligible**	\$629.63	\$1,233.26	\$1,259.26	\$1,689.60

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$333.26**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$183.29	-	-	-
6-18 **	\$163.30	\$319.93	\$326.59	\$436.57
19-20	\$243.28	\$473.23	\$483.23	\$649.86
21	\$243.28	\$473.23	\$483.23	\$649.86
22	\$243.28	\$473.23	\$483.23	\$649.86
23	\$243.28	\$473.23	\$483.23	\$649.86
24	\$243.28	\$473.23	\$483.23	\$649.86
25	\$243.28	\$473.23	\$483.23	\$649.86
26	\$243.28	\$473.23	\$483.23	\$649.86
27	\$243.28	\$473.23	\$483.23	\$649.86
28	\$243.28	\$473.23	\$483.23	\$649.86
29	\$243.28	\$473.23	\$483.23	\$649.86
30	\$243.28	\$473.23	\$483.23	\$649.86
31	\$243.28	\$473.23	\$483.23	\$649.86
32	\$243.28	\$473.23	\$483.23	\$649.86
33	\$249.95	\$486.56	\$496.56	\$666.52
34	\$259.94	\$506.56	\$516.55	\$693.18
35	\$269.94	\$526.55	\$536.55	\$719.84
36	\$279.94	\$546.55	\$556.54	\$746.50
37	\$289.94	\$566.54	\$579.87	\$776.50
38	\$299.93	\$589.87	\$603.20	\$806.49
39	\$313.26	\$613.20	\$626.53	\$836.48
40	\$326.59	\$636.53	\$649.86	\$869.81
41	\$336.59	\$663.19	\$676.52	\$903.13
42	\$349.92	\$686.52	\$703.18	\$939.79
43	\$363.25	\$713.18	\$729.84	\$976.45
44	\$379.92	\$743.17	\$756.50	\$1,016.44
45	\$393.25	\$769.83	\$786.49	\$1,056.43
46	\$409.91	\$799.82	\$816.49	\$1,096.43
47	\$426.57	\$833.15	\$849.81	\$1,139.75
48	\$443.24	\$866.48	\$883.14	\$1,183.07
49	\$459.90	\$899.80	\$916.47	\$1,229.73
50	\$476.56	\$933.13	\$953.12	\$1,279.72
51	\$496.56	\$969.79	\$989.78	\$1,329.71
52	\$516.55	\$1,009.78	\$1,029.77	\$1,379.70
53	\$536.55	\$1,049.77	\$1,069.76	\$1,433.02
54	\$556.54	\$1,089.76	\$1,113.09	\$1,489.67
55	\$576.54	\$1,133.08	\$1,156.41	\$1,546.33
56	\$599.87	\$1,176.41	\$1,199.74	\$1,609.65
57	\$623.20	\$1,223.06	\$1,246.39	\$1,669.63
58	\$646.52	\$1,269.72	\$1,296.38	\$1,736.28
59	\$673.19	\$1,319.71	\$1,346.37	\$1,802.94
60	\$699.85	\$1,369.70	\$1,399.69	\$1,876.25
61	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
62	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
63	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
64	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
65	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
>65 Non Medicare Eligible	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57
65+ Medicare Eligible**	\$726.51	\$1,423.02	\$1,453.01	\$1,949.57

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$1,500 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$1,500 / \$3,000
Out-of-Network	=	\$3,000 / \$4,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$399.91**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$219.95	-	-	-
6-18 **	\$195.96	\$383.91	\$391.91	\$523.88
19-20	\$291.93	\$567.87	\$579.87	\$779.82
21	\$291.93	\$567.87	\$579.87	\$779.82
22	\$291.93	\$567.87	\$579.87	\$779.82
23	\$291.93	\$567.87	\$579.87	\$779.82
24	\$291.93	\$567.87	\$579.87	\$779.82
25	\$291.93	\$567.87	\$579.87	\$779.82
26	\$291.93	\$567.87	\$579.87	\$779.82
27	\$291.93	\$567.87	\$579.87	\$779.82
28	\$291.93	\$567.87	\$579.87	\$779.82
29	\$291.93	\$567.87	\$579.87	\$779.82
30	\$291.93	\$567.87	\$579.87	\$779.82
31	\$291.93	\$567.87	\$579.87	\$779.82
32	\$291.93	\$567.87	\$579.87	\$779.82
33	\$299.93	\$583.87	\$595.87	\$799.82
34	\$311.93	\$607.86	\$619.86	\$831.81
35	\$323.93	\$631.86	\$643.86	\$863.81
36	\$335.92	\$655.85	\$667.85	\$895.80
37	\$347.92	\$679.85	\$695.84	\$931.79
38	\$359.92	\$707.84	\$723.84	\$967.78
39	\$375.92	\$735.83	\$751.83	\$1,003.77
40	\$391.91	\$763.83	\$779.82	\$1,043.77
41	\$403.91	\$795.82	\$811.82	\$1,083.76
42	\$419.91	\$823.81	\$843.81	\$1,127.75
43	\$435.90	\$855.81	\$875.80	\$1,171.74
44	\$455.90	\$891.80	\$907.80	\$1,219.73
45	\$471.89	\$923.79	\$943.79	\$1,267.71
46	\$491.89	\$959.78	\$979.78	\$1,315.70
47	\$511.88	\$999.78	\$1,019.77	\$1,367.69
48	\$531.88	\$1,039.77	\$1,059.76	\$1,419.68
49	\$551.88	\$1,079.76	\$1,099.75	\$1,475.67
50	\$571.87	\$1,119.75	\$1,143.74	\$1,535.65
51	\$595.87	\$1,163.74	\$1,187.73	\$1,595.64
52	\$619.86	\$1,211.73	\$1,235.72	\$1,655.63
53	\$643.86	\$1,259.72	\$1,283.71	\$1,719.61
54	\$667.85	\$1,307.71	\$1,335.70	\$1,787.60
55	\$691.84	\$1,359.69	\$1,387.69	\$1,855.58
56	\$719.84	\$1,411.68	\$1,439.68	\$1,931.57
57	\$747.83	\$1,467.67	\$1,495.66	\$2,003.55
58	\$775.83	\$1,523.66	\$1,555.65	\$2,083.53
59	\$807.82	\$1,583.64	\$1,615.64	\$2,163.51
60	\$839.81	\$1,643.63	\$1,679.62	\$2,251.49
61	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
62	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
63	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
64	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
65	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
>65 Non Medicare Eligible	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47
65+ Medicare Eligible**	\$871.80	\$1,707.62	\$1,743.61	\$2,339.47

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$157.86**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$86.82	-	-	-
6-18 **	\$77.35	\$151.55	\$154.70	\$206.80
19-20	\$115.24	\$224.16	\$228.90	\$307.83
21	\$115.24	\$224.16	\$228.90	\$307.83
22	\$115.24	\$224.16	\$228.90	\$307.83
23	\$115.24	\$224.16	\$228.90	\$307.83
24	\$115.24	\$224.16	\$228.90	\$307.83
25	\$115.24	\$224.16	\$228.90	\$307.83
26	\$115.24	\$224.16	\$228.90	\$307.83
27	\$115.24	\$224.16	\$228.90	\$307.83
28	\$115.24	\$224.16	\$228.90	\$307.83
29	\$115.24	\$224.16	\$228.90	\$307.83
30	\$115.24	\$224.16	\$228.90	\$307.83
31	\$115.24	\$224.16	\$228.90	\$307.83
32	\$115.24	\$224.16	\$228.90	\$307.83
33	\$118.40	\$230.48	\$235.21	\$315.72
34	\$123.13	\$239.95	\$244.68	\$328.35
35	\$127.87	\$249.42	\$254.15	\$340.98
36	\$132.60	\$258.89	\$263.63	\$353.61
37	\$137.34	\$268.36	\$274.68	\$367.81
38	\$142.07	\$279.41	\$285.73	\$382.02
39	\$148.39	\$290.46	\$296.78	\$396.23
40	\$154.70	\$301.51	\$307.83	\$412.01
41	\$159.44	\$314.14	\$320.46	\$427.80
42	\$165.75	\$325.19	\$333.08	\$445.17
43	\$172.07	\$337.82	\$345.71	\$462.53
44	\$179.96	\$352.03	\$358.34	\$481.47
45	\$186.27	\$364.66	\$372.55	\$500.42
46	\$194.17	\$378.86	\$386.76	\$519.36
47	\$202.06	\$394.65	\$402.54	\$539.88
48	\$209.95	\$410.44	\$418.33	\$560.40
49	\$217.85	\$426.22	\$434.12	\$582.50
50	\$225.74	\$442.01	\$451.48	\$606.18
51	\$235.21	\$459.37	\$468.84	\$629.86
52	\$244.68	\$478.32	\$487.79	\$653.54
53	\$254.15	\$497.26	\$506.73	\$678.80
54	\$263.63	\$516.20	\$527.25	\$705.63
55	\$273.10	\$536.72	\$547.77	\$732.47
56	\$284.15	\$557.25	\$568.30	\$762.46
57	\$295.20	\$579.35	\$590.40	\$790.88
58	\$306.25	\$601.45	\$614.08	\$822.45
59	\$318.88	\$625.13	\$637.75	\$854.02
60	\$331.51	\$648.80	\$663.01	\$888.75
61	\$344.13	\$674.06	\$688.27	\$923.48
62	\$344.13	\$674.06	\$688.27	\$923.48
63	\$344.13	\$674.06	\$688.27	\$923.48
64	\$344.13	\$674.06	\$688.27	\$923.48
65	\$344.13	\$674.06	\$688.27	\$923.48
>65 Non Medicare Eligible	\$344.13	\$674.06	\$688.27	\$923.48
65+ Medicare Eligible**	\$344.13	\$674.06	\$688.27	\$923.48

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$165.75**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$91.16	-	-	-
6-18 **	\$81.22	\$159.12	\$162.44	\$217.13
19-20	\$121.00	\$235.37	\$240.34	\$323.21
21	\$121.00	\$235.37	\$240.34	\$323.21
22	\$121.00	\$235.37	\$240.34	\$323.21
23	\$121.00	\$235.37	\$240.34	\$323.21
24	\$121.00	\$235.37	\$240.34	\$323.21
25	\$121.00	\$235.37	\$240.34	\$323.21
26	\$121.00	\$235.37	\$240.34	\$323.21
27	\$121.00	\$235.37	\$240.34	\$323.21
28	\$121.00	\$235.37	\$240.34	\$323.21
29	\$121.00	\$235.37	\$240.34	\$323.21
30	\$121.00	\$235.37	\$240.34	\$323.21
31	\$121.00	\$235.37	\$240.34	\$323.21
32	\$121.00	\$235.37	\$240.34	\$323.21
33	\$124.31	\$242.00	\$246.97	\$331.50
34	\$129.29	\$251.94	\$256.91	\$344.76
35	\$134.26	\$261.89	\$266.86	\$358.02
36	\$139.23	\$271.83	\$276.80	\$371.28
37	\$144.20	\$281.78	\$288.41	\$386.20
38	\$149.18	\$293.38	\$300.01	\$401.12
39	\$155.81	\$304.98	\$311.61	\$416.03
40	\$162.44	\$316.58	\$323.21	\$432.61
41	\$167.41	\$329.84	\$336.47	\$449.18
42	\$174.04	\$341.45	\$349.73	\$467.42
43	\$180.67	\$354.71	\$362.99	\$485.65
44	\$188.96	\$369.62	\$376.25	\$505.54
45	\$195.59	\$382.88	\$391.17	\$525.43
46	\$203.87	\$397.80	\$406.09	\$545.32
47	\$212.16	\$414.38	\$422.66	\$566.87
48	\$220.45	\$430.95	\$439.24	\$588.41
49	\$228.74	\$447.53	\$455.81	\$611.62
50	\$237.02	\$464.10	\$474.05	\$636.48
51	\$246.97	\$482.33	\$492.28	\$661.34
52	\$256.91	\$502.22	\$512.17	\$686.21
53	\$266.86	\$522.11	\$532.06	\$712.73
54	\$276.80	\$542.00	\$553.61	\$740.90
55	\$286.75	\$563.55	\$575.15	\$769.08
56	\$298.35	\$585.10	\$596.70	\$800.57
57	\$309.95	\$608.30	\$619.91	\$830.41
58	\$321.56	\$631.51	\$644.77	\$863.56
59	\$334.82	\$656.37	\$669.63	\$896.71
60	\$348.08	\$681.23	\$696.15	\$933.17
61	\$361.34	\$707.75	\$722.67	\$969.64
62	\$361.34	\$707.75	\$722.67	\$969.64
63	\$361.34	\$707.75	\$722.67	\$969.64
64	\$361.34	\$707.75	\$722.67	\$969.64
65	\$361.34	\$707.75	\$722.67	\$969.64
>65 Non Medicare Eligible	\$361.34	\$707.75	\$722.67	\$969.64
65+ Medicare Eligible**	\$361.34	\$707.75	\$722.67	\$969.64

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$189.43**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$104.19	-	-	-
6-18 **	\$92.82	\$181.85	\$185.64	\$248.15
19-20	\$138.28	\$268.99	\$274.67	\$369.39
21	\$138.28	\$268.99	\$274.67	\$369.39
22	\$138.28	\$268.99	\$274.67	\$369.39
23	\$138.28	\$268.99	\$274.67	\$369.39
24	\$138.28	\$268.99	\$274.67	\$369.39
25	\$138.28	\$268.99	\$274.67	\$369.39
26	\$138.28	\$268.99	\$274.67	\$369.39
27	\$138.28	\$268.99	\$274.67	\$369.39
28	\$138.28	\$268.99	\$274.67	\$369.39
29	\$138.28	\$268.99	\$274.67	\$369.39
30	\$138.28	\$268.99	\$274.67	\$369.39
31	\$138.28	\$268.99	\$274.67	\$369.39
32	\$138.28	\$268.99	\$274.67	\$369.39
33	\$142.07	\$276.57	\$282.25	\$378.86
34	\$147.76	\$287.93	\$293.62	\$394.01
35	\$153.44	\$299.30	\$304.98	\$409.17
36	\$159.12	\$310.67	\$316.35	\$424.32
37	\$164.80	\$322.03	\$329.61	\$441.37
38	\$170.49	\$335.29	\$342.87	\$458.42
39	\$178.06	\$348.55	\$356.13	\$475.47
40	\$185.64	\$361.81	\$369.39	\$494.41
41	\$191.32	\$376.97	\$384.54	\$513.36
42	\$198.90	\$390.23	\$399.70	\$534.19
43	\$206.48	\$405.38	\$414.85	\$555.03
44	\$215.95	\$422.43	\$430.01	\$577.76
45	\$223.53	\$437.58	\$447.05	\$600.49
46	\$233.00	\$454.63	\$464.10	\$623.22
47	\$242.47	\$473.58	\$483.05	\$647.85
48	\$251.94	\$492.52	\$501.99	\$672.48
49	\$261.41	\$511.46	\$520.93	\$699.00
50	\$270.88	\$530.40	\$541.77	\$727.41
51	\$282.25	\$551.24	\$562.61	\$755.83
52	\$293.62	\$573.97	\$585.34	\$784.24
53	\$304.98	\$596.70	\$608.07	\$814.55
54	\$316.35	\$619.44	\$632.70	\$846.75
55	\$327.71	\$644.06	\$657.32	\$878.96
56	\$340.97	\$668.69	\$681.95	\$914.95
57	\$354.23	\$695.21	\$708.47	\$949.04
58	\$367.49	\$721.73	\$736.88	\$986.93
59	\$382.65	\$750.14	\$765.30	\$1,024.82
60	\$397.80	\$778.56	\$795.61	\$1,066.49
61	\$412.96	\$808.87	\$825.91	\$1,108.17
62	\$412.96	\$808.87	\$825.91	\$1,108.17
63	\$412.96	\$808.87	\$825.91	\$1,108.17
64	\$412.96	\$808.87	\$825.91	\$1,108.17
65	\$412.96	\$808.87	\$825.91	\$1,108.17
>65 Non Medicare Eligible	\$412.96	\$808.87	\$825.91	\$1,108.17
65+ Medicare Eligible**	\$412.96	\$808.87	\$825.91	\$1,108.17

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$205.22**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$112.87	-	-	-
6-18 **	\$100.56	\$197.01	\$201.12	\$268.84
19-20	\$149.81	\$291.41	\$297.57	\$400.18
21	\$149.81	\$291.41	\$297.57	\$400.18
22	\$149.81	\$291.41	\$297.57	\$400.18
23	\$149.81	\$291.41	\$297.57	\$400.18
24	\$149.81	\$291.41	\$297.57	\$400.18
25	\$149.81	\$291.41	\$297.57	\$400.18
26	\$149.81	\$291.41	\$297.57	\$400.18
27	\$149.81	\$291.41	\$297.57	\$400.18
28	\$149.81	\$291.41	\$297.57	\$400.18
29	\$149.81	\$291.41	\$297.57	\$400.18
30	\$149.81	\$291.41	\$297.57	\$400.18
31	\$149.81	\$291.41	\$297.57	\$400.18
32	\$149.81	\$291.41	\$297.57	\$400.18
33	\$153.92	\$299.62	\$305.78	\$410.44
34	\$160.07	\$311.93	\$318.09	\$426.86
35	\$166.23	\$324.25	\$330.40	\$443.28
36	\$172.38	\$336.56	\$342.72	\$459.69
37	\$178.54	\$348.87	\$357.08	\$478.16
38	\$184.70	\$363.24	\$371.45	\$496.63
39	\$192.91	\$377.60	\$385.81	\$515.10
40	\$201.12	\$391.97	\$400.18	\$535.62
41	\$207.27	\$408.39	\$416.60	\$556.15
42	\$215.48	\$422.75	\$433.01	\$578.72
43	\$223.69	\$439.17	\$449.43	\$601.29
44	\$233.95	\$457.64	\$465.85	\$625.92
45	\$242.16	\$474.06	\$484.32	\$650.55
46	\$252.42	\$492.53	\$502.79	\$675.17
47	\$262.68	\$513.05	\$523.31	\$701.85
48	\$272.94	\$533.57	\$543.83	\$728.53
49	\$283.20	\$554.09	\$564.36	\$757.26
50	\$293.46	\$574.62	\$586.93	\$788.04
51	\$305.78	\$597.19	\$609.50	\$818.83
52	\$318.09	\$621.82	\$634.13	\$849.61
53	\$330.40	\$646.44	\$658.76	\$882.45
54	\$342.72	\$671.07	\$685.43	\$917.33
55	\$355.03	\$697.75	\$712.11	\$952.22
56	\$369.40	\$724.43	\$738.79	\$991.21
57	\$383.76	\$753.16	\$767.52	\$1,028.15
58	\$398.13	\$781.89	\$798.31	\$1,069.20
59	\$414.54	\$812.67	\$829.09	\$1,110.24
60	\$430.96	\$843.45	\$861.92	\$1,155.39
61	\$447.38	\$876.29	\$894.76	\$1,200.54
62	\$447.38	\$876.29	\$894.76	\$1,200.54
63	\$447.38	\$876.29	\$894.76	\$1,200.54
64	\$447.38	\$876.29	\$894.76	\$1,200.54
65	\$447.38	\$876.29	\$894.76	\$1,200.54
>65 Non Medicare Eligible	\$447.38	\$876.29	\$894.76	\$1,200.54
65+ Medicare Eligible**	\$447.38	\$876.29	\$894.76	\$1,200.54

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$236.79**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$130.23	-	-	-
6-18 **	\$116.03	\$227.32	\$232.05	\$310.19
19-20	\$172.86	\$336.24	\$343.35	\$461.74
21	\$172.86	\$336.24	\$343.35	\$461.74
22	\$172.86	\$336.24	\$343.35	\$461.74
23	\$172.86	\$336.24	\$343.35	\$461.74
24	\$172.86	\$336.24	\$343.35	\$461.74
25	\$172.86	\$336.24	\$343.35	\$461.74
26	\$172.86	\$336.24	\$343.35	\$461.74
27	\$172.86	\$336.24	\$343.35	\$461.74
28	\$172.86	\$336.24	\$343.35	\$461.74
29	\$172.86	\$336.24	\$343.35	\$461.74
30	\$172.86	\$336.24	\$343.35	\$461.74
31	\$172.86	\$336.24	\$343.35	\$461.74
32	\$172.86	\$336.24	\$343.35	\$461.74
33	\$177.59	\$345.71	\$352.82	\$473.58
34	\$184.70	\$359.92	\$367.02	\$492.52
35	\$191.80	\$374.13	\$381.23	\$511.47
36	\$198.90	\$388.34	\$395.44	\$530.41
37	\$206.01	\$402.54	\$412.01	\$551.72
38	\$213.11	\$419.12	\$428.59	\$573.03
39	\$222.58	\$435.69	\$445.17	\$594.34
40	\$232.05	\$452.27	\$461.74	\$618.02
41	\$239.16	\$471.21	\$480.68	\$641.70
42	\$248.63	\$487.79	\$499.63	\$667.75
43	\$258.10	\$506.73	\$518.57	\$693.79
44	\$269.94	\$528.04	\$537.51	\$722.21
45	\$279.41	\$546.98	\$558.82	\$750.62
46	\$291.25	\$568.30	\$580.14	\$779.04
47	\$303.09	\$591.98	\$603.81	\$809.82
48	\$314.93	\$615.65	\$627.49	\$840.60
49	\$326.77	\$639.33	\$651.17	\$873.76
50	\$338.61	\$663.01	\$677.22	\$909.27
51	\$352.82	\$689.06	\$703.27	\$944.79
52	\$367.02	\$717.47	\$731.68	\$980.31
53	\$381.23	\$745.89	\$760.10	\$1,018.20
54	\$395.44	\$774.30	\$790.88	\$1,058.45
55	\$409.65	\$805.09	\$821.66	\$1,098.71
56	\$426.22	\$835.87	\$852.44	\$1,143.70
57	\$442.80	\$869.02	\$885.59	\$1,186.32
58	\$459.37	\$902.17	\$921.11	\$1,233.68
59	\$478.32	\$937.69	\$956.63	\$1,281.03
60	\$497.26	\$973.21	\$994.52	\$1,333.13
61	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
62	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
63	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
64	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
65	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
>65 Non Medicare Eligible	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22
65+ Medicare Eligible**	\$516.20	\$1,011.09	\$1,032.40	\$1,385.22

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$3,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$3,000 / \$4,500
Out-of-Network	=	\$5,000 / \$6,000
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$284.15**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$156.28	-	-	-
6-18 **	\$139.23	\$272.78	\$278.47	\$372.24
19-20	\$207.43	\$403.49	\$412.02	\$554.09
21	\$207.43	\$403.49	\$412.02	\$554.09
22	\$207.43	\$403.49	\$412.02	\$554.09
23	\$207.43	\$403.49	\$412.02	\$554.09
24	\$207.43	\$403.49	\$412.02	\$554.09
25	\$207.43	\$403.49	\$412.02	\$554.09
26	\$207.43	\$403.49	\$412.02	\$554.09
27	\$207.43	\$403.49	\$412.02	\$554.09
28	\$207.43	\$403.49	\$412.02	\$554.09
29	\$207.43	\$403.49	\$412.02	\$554.09
30	\$207.43	\$403.49	\$412.02	\$554.09
31	\$207.43	\$403.49	\$412.02	\$554.09
32	\$207.43	\$403.49	\$412.02	\$554.09
33	\$213.11	\$414.86	\$423.38	\$568.30
34	\$221.64	\$431.91	\$440.43	\$591.03
35	\$230.16	\$448.96	\$457.48	\$613.76
36	\$238.69	\$466.01	\$474.53	\$636.50
37	\$247.21	\$483.06	\$494.42	\$662.07
38	\$255.74	\$502.95	\$514.31	\$687.64
39	\$267.10	\$522.84	\$534.20	\$713.22
40	\$278.47	\$542.73	\$554.09	\$741.63
41	\$286.99	\$565.46	\$576.82	\$770.05
42	\$298.36	\$585.35	\$599.56	\$801.30
43	\$309.72	\$608.08	\$622.29	\$832.56
44	\$323.93	\$633.65	\$645.02	\$866.66
45	\$335.30	\$656.39	\$670.59	\$900.76
46	\$349.50	\$681.96	\$696.17	\$934.85
47	\$363.71	\$710.38	\$724.58	\$971.79
48	\$377.92	\$738.79	\$753.00	\$1,008.73
49	\$392.13	\$767.21	\$781.41	\$1,048.51
50	\$406.33	\$795.62	\$812.67	\$1,091.14
51	\$423.38	\$826.88	\$843.93	\$1,133.76
52	\$440.43	\$860.97	\$878.02	\$1,176.38
53	\$457.48	\$895.07	\$912.12	\$1,221.85
54	\$474.53	\$929.17	\$949.06	\$1,270.15
55	\$491.58	\$966.11	\$986.00	\$1,318.46
56	\$511.47	\$1,003.05	\$1,022.94	\$1,372.44
57	\$531.36	\$1,042.83	\$1,062.72	\$1,423.59
58	\$551.25	\$1,082.61	\$1,105.34	\$1,480.42
59	\$573.98	\$1,125.23	\$1,147.97	\$1,537.25
60	\$596.72	\$1,167.86	\$1,193.43	\$1,599.76
61	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
62	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
63	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
64	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
65	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
>65 Non Medicare Eligible	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28
65+ Medicare Eligible**	\$619.45	\$1,213.32	\$1,238.89	\$1,662.28

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$133.69**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$73.53	-	-	-
6-18 **	\$65.51	\$128.34	\$131.02	\$175.13
19-20	\$97.59	\$189.84	\$193.85	\$260.70
21	\$97.59	\$189.84	\$193.85	\$260.70
22	\$97.59	\$189.84	\$193.85	\$260.70
23	\$97.59	\$189.84	\$193.85	\$260.70
24	\$97.59	\$189.84	\$193.85	\$260.70
25	\$97.59	\$189.84	\$193.85	\$260.70
26	\$97.59	\$189.84	\$193.85	\$260.70
27	\$97.59	\$189.84	\$193.85	\$260.70
28	\$97.59	\$189.84	\$193.85	\$260.70
29	\$97.59	\$189.84	\$193.85	\$260.70
30	\$97.59	\$189.84	\$193.85	\$260.70
31	\$97.59	\$189.84	\$193.85	\$260.70
32	\$97.59	\$189.84	\$193.85	\$260.70
33	\$100.27	\$195.19	\$199.20	\$267.38
34	\$104.28	\$203.21	\$207.22	\$278.08
35	\$108.29	\$211.23	\$215.24	\$288.77
36	\$112.30	\$219.25	\$223.26	\$299.47
37	\$116.31	\$227.27	\$232.62	\$311.50
38	\$120.32	\$236.63	\$241.98	\$323.53
39	\$125.67	\$245.99	\$251.34	\$335.56
40	\$131.02	\$255.35	\$260.70	\$348.93
41	\$135.03	\$266.04	\$271.39	\$362.30
42	\$140.37	\$275.40	\$282.09	\$377.01
43	\$145.72	\$286.10	\$292.78	\$391.71
44	\$152.41	\$298.13	\$303.48	\$407.75
45	\$157.75	\$308.82	\$315.51	\$423.80
46	\$164.44	\$320.86	\$327.54	\$439.84
47	\$171.12	\$334.23	\$340.91	\$457.22
48	\$177.81	\$347.59	\$354.28	\$474.60
49	\$184.49	\$360.96	\$367.65	\$493.32
50	\$191.18	\$374.33	\$382.35	\$513.37
51	\$199.20	\$389.04	\$397.06	\$533.42
52	\$207.22	\$405.08	\$413.10	\$553.48
53	\$215.24	\$421.12	\$429.14	\$574.87
54	\$223.26	\$437.17	\$446.52	\$597.59
55	\$231.28	\$454.55	\$463.90	\$620.32
56	\$240.64	\$471.93	\$481.28	\$645.72
57	\$250.00	\$490.64	\$500.00	\$669.79
58	\$259.36	\$509.36	\$520.05	\$696.52
59	\$270.05	\$529.41	\$540.11	\$723.26
60	\$280.75	\$549.47	\$561.50	\$752.67
61	\$291.44	\$570.86	\$582.89	\$782.09
62	\$291.44	\$570.86	\$582.89	\$782.09
63	\$291.44	\$570.86	\$582.89	\$782.09
64	\$291.44	\$570.86	\$582.89	\$782.09
65	\$291.44	\$570.86	\$582.89	\$782.09
>65 Non Medicare Eligible	\$291.44	\$570.86	\$582.89	\$782.09
65+ Medicare Eligible**	\$291.44	\$570.86	\$582.89	\$782.09

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$140.37**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$77.20	-	-	-
6-18 **	\$68.78	\$134.76	\$137.56	\$183.88
19-20	\$102.47	\$199.33	\$203.54	\$273.72
21	\$102.47	\$199.33	\$203.54	\$273.72
22	\$102.47	\$199.33	\$203.54	\$273.72
23	\$102.47	\$199.33	\$203.54	\$273.72
24	\$102.47	\$199.33	\$203.54	\$273.72
25	\$102.47	\$199.33	\$203.54	\$273.72
26	\$102.47	\$199.33	\$203.54	\$273.72
27	\$102.47	\$199.33	\$203.54	\$273.72
28	\$102.47	\$199.33	\$203.54	\$273.72
29	\$102.47	\$199.33	\$203.54	\$273.72
30	\$102.47	\$199.33	\$203.54	\$273.72
31	\$102.47	\$199.33	\$203.54	\$273.72
32	\$102.47	\$199.33	\$203.54	\$273.72
33	\$105.28	\$204.94	\$209.15	\$280.74
34	\$109.49	\$213.36	\$217.57	\$291.97
35	\$113.70	\$221.78	\$226.00	\$303.20
36	\$117.91	\$230.21	\$234.42	\$314.43
37	\$122.12	\$238.63	\$244.24	\$327.06
38	\$126.33	\$248.45	\$254.07	\$339.70
39	\$131.95	\$258.28	\$263.90	\$352.33
40	\$137.56	\$268.11	\$273.72	\$366.37
41	\$141.77	\$279.34	\$284.95	\$380.40
42	\$147.39	\$289.16	\$296.18	\$395.84
43	\$153.00	\$300.39	\$307.41	\$411.28
44	\$160.02	\$313.03	\$318.64	\$428.13
45	\$165.64	\$324.25	\$331.27	\$444.97
46	\$172.66	\$336.89	\$343.91	\$461.82
47	\$179.67	\$350.93	\$357.94	\$480.07
48	\$186.69	\$364.96	\$371.98	\$498.31
49	\$193.71	\$379.00	\$386.02	\$517.97
50	\$200.73	\$393.04	\$401.46	\$539.02
51	\$209.15	\$408.48	\$416.90	\$560.08
52	\$217.57	\$425.32	\$433.74	\$581.13
53	\$226.00	\$442.17	\$450.59	\$603.59
54	\$234.42	\$459.01	\$468.84	\$627.45
55	\$242.84	\$477.26	\$487.08	\$651.32
56	\$252.67	\$495.51	\$505.33	\$677.99
57	\$262.49	\$515.16	\$524.98	\$703.25
58	\$272.32	\$534.81	\$546.04	\$731.33
59	\$283.55	\$555.87	\$567.09	\$759.40
60	\$294.78	\$576.92	\$589.55	\$790.28
61	\$306.01	\$599.38	\$612.01	\$821.16
62	\$306.01	\$599.38	\$612.01	\$821.16
63	\$306.01	\$599.38	\$612.01	\$821.16
64	\$306.01	\$599.38	\$612.01	\$821.16
65	\$306.01	\$599.38	\$612.01	\$821.16
>65 Non Medicare Eligible	\$306.01	\$599.38	\$612.01	\$821.16
65+ Medicare Eligible**	\$306.01	\$599.38	\$612.01	\$821.16

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$160.43**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$88.24	-	-	-
6-18 **	\$78.61	\$154.01	\$157.22	\$210.16
19-20	\$117.11	\$227.81	\$232.62	\$312.84
21	\$117.11	\$227.81	\$232.62	\$312.84
22	\$117.11	\$227.81	\$232.62	\$312.84
23	\$117.11	\$227.81	\$232.62	\$312.84
24	\$117.11	\$227.81	\$232.62	\$312.84
25	\$117.11	\$227.81	\$232.62	\$312.84
26	\$117.11	\$227.81	\$232.62	\$312.84
27	\$117.11	\$227.81	\$232.62	\$312.84
28	\$117.11	\$227.81	\$232.62	\$312.84
29	\$117.11	\$227.81	\$232.62	\$312.84
30	\$117.11	\$227.81	\$232.62	\$312.84
31	\$117.11	\$227.81	\$232.62	\$312.84
32	\$117.11	\$227.81	\$232.62	\$312.84
33	\$120.32	\$234.23	\$239.04	\$320.86
34	\$125.14	\$243.85	\$248.67	\$333.69
35	\$129.95	\$253.48	\$258.29	\$346.53
36	\$134.76	\$263.11	\$267.92	\$359.36
37	\$139.57	\$272.73	\$279.15	\$373.80
38	\$144.39	\$283.96	\$290.38	\$388.24
39	\$150.80	\$295.19	\$301.61	\$402.68
40	\$157.22	\$306.42	\$312.84	\$418.72
41	\$162.03	\$319.26	\$325.67	\$434.77
42	\$168.45	\$330.49	\$338.51	\$452.41
43	\$174.87	\$343.32	\$351.34	\$470.06
44	\$182.89	\$357.76	\$364.18	\$489.31
45	\$189.31	\$370.59	\$378.61	\$508.56
46	\$197.33	\$385.03	\$393.05	\$527.81
47	\$205.35	\$401.08	\$409.10	\$548.67
48	\$213.37	\$417.12	\$425.14	\$569.53
49	\$221.39	\$433.16	\$441.18	\$591.99
50	\$229.41	\$449.20	\$458.83	\$616.05
51	\$239.04	\$466.85	\$476.48	\$640.12
52	\$248.67	\$486.10	\$495.73	\$664.18
53	\$258.29	\$505.35	\$514.98	\$689.85
54	\$267.92	\$524.61	\$535.84	\$717.12
55	\$277.54	\$545.46	\$556.69	\$744.40
56	\$288.77	\$566.32	\$577.55	\$774.88
57	\$300.00	\$588.78	\$600.01	\$803.75
58	\$311.23	\$611.24	\$624.07	\$835.84
59	\$324.07	\$635.30	\$648.14	\$867.93
60	\$336.90	\$659.37	\$673.81	\$903.22
61	\$349.74	\$685.04	\$699.47	\$938.52
62	\$349.74	\$685.04	\$699.47	\$938.52
63	\$349.74	\$685.04	\$699.47	\$938.52
64	\$349.74	\$685.04	\$699.47	\$938.52
65	\$349.74	\$685.04	\$699.47	\$938.52
>65 Non Medicare Eligible	\$349.74	\$685.04	\$699.47	\$938.52
65+ Medicare Eligible**	\$349.74	\$685.04	\$699.47	\$938.52

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$173.80**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$95.59	-	-	-
6-18 **	\$85.16	\$166.85	\$170.32	\$227.68
19-20	\$126.87	\$246.80	\$252.01	\$338.91
21	\$126.87	\$246.80	\$252.01	\$338.91
22	\$126.87	\$246.80	\$252.01	\$338.91
23	\$126.87	\$246.80	\$252.01	\$338.91
24	\$126.87	\$246.80	\$252.01	\$338.91
25	\$126.87	\$246.80	\$252.01	\$338.91
26	\$126.87	\$246.80	\$252.01	\$338.91
27	\$126.87	\$246.80	\$252.01	\$338.91
28	\$126.87	\$246.80	\$252.01	\$338.91
29	\$126.87	\$246.80	\$252.01	\$338.91
30	\$126.87	\$246.80	\$252.01	\$338.91
31	\$126.87	\$246.80	\$252.01	\$338.91
32	\$126.87	\$246.80	\$252.01	\$338.91
33	\$130.35	\$253.75	\$258.96	\$347.60
34	\$135.56	\$264.18	\$269.39	\$361.50
35	\$140.78	\$274.60	\$279.82	\$375.41
36	\$145.99	\$285.03	\$290.25	\$389.31
37	\$151.21	\$295.46	\$302.41	\$404.95
38	\$156.42	\$307.63	\$314.58	\$420.60
39	\$163.37	\$319.79	\$326.74	\$436.24
40	\$170.32	\$331.96	\$338.91	\$453.62
41	\$175.54	\$345.86	\$352.81	\$471.00
42	\$182.49	\$358.03	\$366.72	\$490.12
43	\$189.44	\$371.93	\$380.62	\$509.23
44	\$198.13	\$387.57	\$394.53	\$530.09
45	\$205.08	\$401.48	\$410.17	\$550.95
46	\$213.77	\$417.12	\$425.81	\$571.80
47	\$222.46	\$434.50	\$443.19	\$594.40
48	\$231.15	\$451.88	\$460.57	\$616.99
49	\$239.84	\$469.26	\$477.95	\$641.32
50	\$248.53	\$486.64	\$497.07	\$667.39
51	\$258.96	\$505.76	\$516.19	\$693.46
52	\$269.39	\$526.61	\$537.04	\$719.53
53	\$279.82	\$547.47	\$557.90	\$747.34
54	\$290.25	\$568.33	\$580.49	\$776.89
55	\$300.67	\$590.92	\$603.09	\$806.43
56	\$312.84	\$613.51	\$625.68	\$839.45
57	\$325.01	\$637.85	\$650.01	\$870.74
58	\$337.17	\$662.18	\$676.08	\$905.50
59	\$351.08	\$688.25	\$702.15	\$940.26
60	\$364.98	\$714.32	\$729.96	\$978.49
61	\$378.88	\$742.13	\$757.77	\$1,016.73
62	\$378.88	\$742.13	\$757.77	\$1,016.73
63	\$378.88	\$742.13	\$757.77	\$1,016.73
64	\$378.88	\$742.13	\$757.77	\$1,016.73
65	\$378.88	\$742.13	\$757.77	\$1,016.73
>65 Non Medicare Eligible	\$378.88	\$742.13	\$757.77	\$1,016.73
65+ Medicare Eligible**	\$378.88	\$742.13	\$757.77	\$1,016.73

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$200.54**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$110.30	-	-	-
6-18 **	\$98.26	\$192.52	\$196.53	\$262.71
19-20	\$146.39	\$284.77	\$290.78	\$391.05
21	\$146.39	\$284.77	\$290.78	\$391.05
22	\$146.39	\$284.77	\$290.78	\$391.05
23	\$146.39	\$284.77	\$290.78	\$391.05
24	\$146.39	\$284.77	\$290.78	\$391.05
25	\$146.39	\$284.77	\$290.78	\$391.05
26	\$146.39	\$284.77	\$290.78	\$391.05
27	\$146.39	\$284.77	\$290.78	\$391.05
28	\$146.39	\$284.77	\$290.78	\$391.05
29	\$146.39	\$284.77	\$290.78	\$391.05
30	\$146.39	\$284.77	\$290.78	\$391.05
31	\$146.39	\$284.77	\$290.78	\$391.05
32	\$146.39	\$284.77	\$290.78	\$391.05
33	\$150.41	\$292.79	\$298.80	\$401.08
34	\$156.42	\$304.82	\$310.84	\$417.12
35	\$162.44	\$316.85	\$322.87	\$433.17
36	\$168.45	\$328.89	\$334.90	\$449.21
37	\$174.47	\$340.92	\$348.94	\$467.26
38	\$180.49	\$354.96	\$362.98	\$485.31
39	\$188.51	\$368.99	\$377.02	\$503.36
40	\$196.53	\$383.03	\$391.05	\$523.41
41	\$202.55	\$399.07	\$407.10	\$543.46
42	\$210.57	\$413.11	\$423.14	\$565.52
43	\$218.59	\$429.16	\$439.18	\$587.58
44	\$228.62	\$447.20	\$455.23	\$611.65
45	\$236.64	\$463.25	\$473.27	\$635.71
46	\$246.66	\$481.30	\$491.32	\$659.78
47	\$256.69	\$501.35	\$511.38	\$685.85
48	\$266.72	\$521.40	\$531.43	\$711.92
49	\$276.75	\$541.46	\$551.49	\$739.99
50	\$286.77	\$561.51	\$573.54	\$770.07
51	\$298.80	\$583.57	\$595.60	\$800.15
52	\$310.84	\$607.64	\$619.67	\$830.24
53	\$322.87	\$631.70	\$643.73	\$862.32
54	\$334.90	\$655.77	\$669.80	\$896.41
55	\$346.93	\$681.84	\$695.87	\$930.51
56	\$360.97	\$707.91	\$721.94	\$968.61
57	\$375.01	\$735.98	\$750.02	\$1,004.71
58	\$389.05	\$764.06	\$780.10	\$1,044.81
59	\$405.09	\$794.14	\$810.18	\$1,084.92
60	\$421.13	\$824.22	\$842.27	\$1,129.04
61	\$437.18	\$856.31	\$874.35	\$1,173.16
62	\$437.18	\$856.31	\$874.35	\$1,173.16
63	\$437.18	\$856.31	\$874.35	\$1,173.16
64	\$437.18	\$856.31	\$874.35	\$1,173.16
65	\$437.18	\$856.31	\$874.35	\$1,173.16
>65 Non Medicare Eligible	\$437.18	\$856.31	\$874.35	\$1,173.16
65+ Medicare Eligible**	\$437.18	\$856.31	\$874.35	\$1,173.16

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$4,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$4,000 / \$5,500
Out-of-Network	=	\$6,000 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$240.64**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$132.35	-	-	-
6-18 **	\$117.91	\$231.01	\$235.83	\$315.24
19-20	\$175.67	\$341.71	\$348.93	\$469.25
21	\$175.67	\$341.71	\$348.93	\$469.25
22	\$175.67	\$341.71	\$348.93	\$469.25
23	\$175.67	\$341.71	\$348.93	\$469.25
24	\$175.67	\$341.71	\$348.93	\$469.25
25	\$175.67	\$341.71	\$348.93	\$469.25
26	\$175.67	\$341.71	\$348.93	\$469.25
27	\$175.67	\$341.71	\$348.93	\$469.25
28	\$175.67	\$341.71	\$348.93	\$469.25
29	\$175.67	\$341.71	\$348.93	\$469.25
30	\$175.67	\$341.71	\$348.93	\$469.25
31	\$175.67	\$341.71	\$348.93	\$469.25
32	\$175.67	\$341.71	\$348.93	\$469.25
33	\$180.48	\$351.33	\$358.55	\$481.28
34	\$187.70	\$365.77	\$372.99	\$500.53
35	\$194.92	\$380.21	\$387.43	\$519.78
36	\$202.14	\$394.65	\$401.87	\$539.03
37	\$209.36	\$409.09	\$418.71	\$560.69
38	\$216.58	\$425.93	\$435.56	\$582.35
39	\$226.20	\$442.78	\$452.40	\$604.01
40	\$235.83	\$459.62	\$469.25	\$628.07
41	\$243.05	\$478.87	\$488.50	\$652.13
42	\$252.67	\$495.72	\$507.75	\$678.60
43	\$262.30	\$514.97	\$527.00	\$705.08
44	\$274.33	\$536.63	\$546.25	\$733.95
45	\$283.96	\$555.88	\$567.91	\$762.83
46	\$295.99	\$577.54	\$589.57	\$791.71
47	\$308.02	\$601.60	\$613.63	\$822.99
48	\$320.05	\$625.66	\$637.70	\$854.27
49	\$332.08	\$649.73	\$661.76	\$887.96
50	\$344.12	\$673.79	\$688.23	\$924.06
51	\$358.55	\$700.26	\$714.70	\$960.15
52	\$372.99	\$729.14	\$743.58	\$996.25
53	\$387.43	\$758.02	\$772.45	\$1,034.75
54	\$401.87	\$786.89	\$803.74	\$1,075.66
55	\$416.31	\$818.18	\$835.02	\$1,116.57
56	\$433.15	\$849.46	\$866.30	\$1,162.29
57	\$450.00	\$883.15	\$899.99	\$1,205.61
58	\$466.84	\$916.84	\$936.09	\$1,253.73
59	\$486.09	\$952.93	\$972.19	\$1,301.86
60	\$505.34	\$989.03	\$1,010.69	\$1,354.80
61	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
62	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
63	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
64	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
65	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
>65 Non Medicare Eligible	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74
65+ Medicare Eligible**	\$524.60	\$1,027.53	\$1,049.19	\$1,407.74

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

Standard Rate

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$116.77**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$64.22	-	-	-
6-18 **	\$57.22	\$112.10	\$114.43	\$152.97
19-20	\$85.24	\$165.81	\$169.32	\$227.70
21	\$85.24	\$165.81	\$169.32	\$227.70
22	\$85.24	\$165.81	\$169.32	\$227.70
23	\$85.24	\$165.81	\$169.32	\$227.70
24	\$85.24	\$165.81	\$169.32	\$227.70
25	\$85.24	\$165.81	\$169.32	\$227.70
26	\$85.24	\$165.81	\$169.32	\$227.70
27	\$85.24	\$165.81	\$169.32	\$227.70
28	\$85.24	\$165.81	\$169.32	\$227.70
29	\$85.24	\$165.81	\$169.32	\$227.70
30	\$85.24	\$165.81	\$169.32	\$227.70
31	\$85.24	\$165.81	\$169.32	\$227.70
32	\$85.24	\$165.81	\$169.32	\$227.70
33	\$87.58	\$170.48	\$173.99	\$233.54
34	\$91.08	\$177.49	\$180.99	\$242.88
35	\$94.58	\$184.50	\$188.00	\$252.22
36	\$98.09	\$191.50	\$195.01	\$261.56
37	\$101.59	\$198.51	\$203.18	\$272.07
38	\$105.09	\$206.68	\$211.35	\$282.58
39	\$109.76	\$214.86	\$219.53	\$293.09
40	\$114.43	\$223.03	\$227.70	\$304.77
41	\$117.94	\$232.37	\$237.04	\$316.45
42	\$122.61	\$240.55	\$246.38	\$329.29
43	\$127.28	\$249.89	\$255.73	\$342.14
44	\$133.12	\$260.40	\$265.07	\$356.15
45	\$137.79	\$269.74	\$275.58	\$370.16
46	\$143.63	\$280.25	\$286.09	\$384.17
47	\$149.47	\$291.93	\$297.76	\$399.35
48	\$155.30	\$303.60	\$309.44	\$414.53
49	\$161.14	\$315.28	\$321.12	\$430.88
50	\$166.98	\$326.96	\$333.96	\$448.40
51	\$173.99	\$339.80	\$346.81	\$465.91
52	\$180.99	\$353.81	\$360.82	\$483.43
53	\$188.00	\$367.83	\$374.83	\$502.11
54	\$195.01	\$381.84	\$390.01	\$521.96
55	\$202.01	\$397.02	\$405.19	\$541.81
56	\$210.19	\$412.20	\$420.37	\$564.00
57	\$218.36	\$428.55	\$436.72	\$585.02
58	\$226.53	\$444.89	\$454.24	\$608.37
59	\$235.88	\$462.41	\$471.75	\$631.73
60	\$245.22	\$479.92	\$490.43	\$657.42
61	\$254.56	\$498.61	\$509.12	\$683.10
62	\$254.56	\$498.61	\$509.12	\$683.10
63	\$254.56	\$498.61	\$509.12	\$683.10
64	\$254.56	\$498.61	\$509.12	\$683.10
65	\$254.56	\$498.61	\$509.12	\$683.10
>65 Non Medicare Eligible	\$254.56	\$498.61	\$509.12	\$683.10
65+ Medicare Eligible**	\$254.56	\$498.61	\$509.12	\$683.10

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

5% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$122.61**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$67.44	-	-	-
6-18 **	\$60.08	\$117.71	\$120.16	\$160.62
19-20	\$89.51	\$174.11	\$177.78	\$239.09
21	\$89.51	\$174.11	\$177.78	\$239.09
22	\$89.51	\$174.11	\$177.78	\$239.09
23	\$89.51	\$174.11	\$177.78	\$239.09
24	\$89.51	\$174.11	\$177.78	\$239.09
25	\$89.51	\$174.11	\$177.78	\$239.09
26	\$89.51	\$174.11	\$177.78	\$239.09
27	\$89.51	\$174.11	\$177.78	\$239.09
28	\$89.51	\$174.11	\$177.78	\$239.09
29	\$89.51	\$174.11	\$177.78	\$239.09
30	\$89.51	\$174.11	\$177.78	\$239.09
31	\$89.51	\$174.11	\$177.78	\$239.09
32	\$89.51	\$174.11	\$177.78	\$239.09
33	\$91.96	\$179.01	\$182.69	\$245.22
34	\$95.64	\$186.37	\$190.05	\$255.03
35	\$99.31	\$193.72	\$197.40	\$264.84
36	\$102.99	\$201.08	\$204.76	\$274.65
37	\$106.67	\$208.44	\$213.34	\$285.68
38	\$110.35	\$217.02	\$221.92	\$296.72
39	\$115.25	\$225.60	\$230.51	\$307.75
40	\$120.16	\$234.19	\$239.09	\$320.01
41	\$123.84	\$243.99	\$248.90	\$332.27
42	\$128.74	\$252.58	\$258.71	\$345.76
43	\$133.64	\$262.39	\$268.52	\$359.25
44	\$139.78	\$273.42	\$278.32	\$373.96
45	\$144.68	\$283.23	\$289.36	\$388.67
46	\$150.81	\$294.26	\$300.39	\$403.39
47	\$156.94	\$306.53	\$312.66	\$419.33
48	\$163.07	\$318.79	\$324.92	\$435.27
49	\$169.20	\$331.05	\$337.18	\$452.43
50	\$175.33	\$343.31	\$350.66	\$470.82
51	\$182.69	\$356.80	\$364.15	\$489.21
52	\$190.05	\$371.51	\$378.86	\$507.61
53	\$197.40	\$386.22	\$393.58	\$527.22
54	\$204.76	\$400.93	\$409.52	\$548.07
55	\$212.12	\$416.87	\$425.46	\$568.91
56	\$220.70	\$432.81	\$441.40	\$592.21
57	\$229.28	\$449.98	\$458.56	\$614.28
58	\$237.86	\$467.14	\$476.95	\$638.80
59	\$247.67	\$485.54	\$495.34	\$663.32
60	\$257.48	\$503.93	\$514.96	\$690.29
61	\$267.29	\$523.54	\$534.58	\$717.27
62	\$267.29	\$523.54	\$534.58	\$717.27
63	\$267.29	\$523.54	\$534.58	\$717.27
64	\$267.29	\$523.54	\$534.58	\$717.27
65	\$267.29	\$523.54	\$534.58	\$717.27
>65 Non Medicare Eligible	\$267.29	\$523.54	\$534.58	\$717.27
65+ Medicare Eligible**	\$267.29	\$523.54	\$534.58	\$717.27

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

20% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$140.12**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$77.07	-	-	-
6-18 **	\$68.66	\$134.52	\$137.32	\$183.56
19-20	\$102.29	\$198.97	\$203.17	\$273.23
21	\$102.29	\$198.97	\$203.17	\$273.23
22	\$102.29	\$198.97	\$203.17	\$273.23
23	\$102.29	\$198.97	\$203.17	\$273.23
24	\$102.29	\$198.97	\$203.17	\$273.23
25	\$102.29	\$198.97	\$203.17	\$273.23
26	\$102.29	\$198.97	\$203.17	\$273.23
27	\$102.29	\$198.97	\$203.17	\$273.23
28	\$102.29	\$198.97	\$203.17	\$273.23
29	\$102.29	\$198.97	\$203.17	\$273.23
30	\$102.29	\$198.97	\$203.17	\$273.23
31	\$102.29	\$198.97	\$203.17	\$273.23
32	\$102.29	\$198.97	\$203.17	\$273.23
33	\$105.09	\$204.58	\$208.78	\$280.24
34	\$109.29	\$212.98	\$217.19	\$291.45
35	\$113.50	\$221.39	\$225.59	\$302.66
36	\$117.70	\$229.80	\$234.00	\$313.87
37	\$121.90	\$238.20	\$243.81	\$326.48
38	\$126.11	\$248.01	\$253.62	\$339.09
39	\$131.71	\$257.82	\$263.43	\$351.70
40	\$137.32	\$267.63	\$273.23	\$365.71
41	\$141.52	\$278.84	\$284.44	\$379.73
42	\$147.13	\$288.65	\$295.65	\$395.14
43	\$152.73	\$299.86	\$306.86	\$410.55
44	\$159.74	\$312.47	\$318.07	\$427.37
45	\$165.34	\$323.68	\$330.68	\$444.18
46	\$172.35	\$336.29	\$343.29	\$460.99
47	\$179.35	\$350.30	\$357.31	\$479.21
48	\$186.36	\$364.31	\$371.32	\$497.43
49	\$193.37	\$378.32	\$385.33	\$517.04
50	\$200.37	\$392.34	\$400.74	\$538.06
51	\$208.78	\$407.75	\$416.16	\$559.08
52	\$217.19	\$424.56	\$432.97	\$580.10
53	\$225.59	\$441.38	\$449.79	\$602.52
54	\$234.00	\$458.19	\$468.00	\$626.34
55	\$242.41	\$476.41	\$486.22	\$650.16
56	\$252.22	\$494.62	\$504.43	\$676.78
57	\$262.02	\$514.24	\$524.05	\$702.00
58	\$271.83	\$533.86	\$545.07	\$730.03
59	\$283.04	\$554.88	\$566.08	\$758.05
60	\$294.25	\$575.89	\$588.50	\$788.88
61	\$305.46	\$598.31	\$610.92	\$819.70
62	\$305.46	\$598.31	\$610.92	\$819.70
63	\$305.46	\$598.31	\$610.92	\$819.70
64	\$305.46	\$598.31	\$610.92	\$819.70
65	\$305.46	\$598.31	\$610.92	\$819.70
>65 Non Medicare Eligible	\$305.46	\$598.31	\$610.92	\$819.70
65+ Medicare Eligible**	\$305.46	\$598.31	\$610.92	\$819.70

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

30% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$151.80**

Age	Individual	Ind & Child(ren)	Ind & Adult	Family
0-5 **	\$83.49	-	-	-
6-18 **	\$74.38	\$145.73	\$148.76	\$198.86
19-20	\$110.81	\$215.56	\$220.11	\$296.01
21	\$110.81	\$215.56	\$220.11	\$296.01
22	\$110.81	\$215.56	\$220.11	\$296.01
23	\$110.81	\$215.56	\$220.11	\$296.01
24	\$110.81	\$215.56	\$220.11	\$296.01
25	\$110.81	\$215.56	\$220.11	\$296.01
26	\$110.81	\$215.56	\$220.11	\$296.01
27	\$110.81	\$215.56	\$220.11	\$296.01
28	\$110.81	\$215.56	\$220.11	\$296.01
29	\$110.81	\$215.56	\$220.11	\$296.01
30	\$110.81	\$215.56	\$220.11	\$296.01
31	\$110.81	\$215.56	\$220.11	\$296.01
32	\$110.81	\$215.56	\$220.11	\$296.01
33	\$113.85	\$221.63	\$226.18	\$303.60
34	\$118.40	\$230.74	\$235.29	\$315.74
35	\$122.96	\$239.84	\$244.40	\$327.89
36	\$127.51	\$248.95	\$253.51	\$340.03
37	\$132.07	\$258.06	\$264.13	\$353.69
38	\$136.62	\$268.69	\$274.76	\$367.36
39	\$142.69	\$279.31	\$285.38	\$381.02
40	\$148.76	\$289.94	\$296.01	\$396.20
41	\$153.32	\$302.08	\$308.15	\$411.38
42	\$159.39	\$312.71	\$320.30	\$428.08
43	\$165.46	\$324.85	\$332.44	\$444.77
44	\$173.05	\$338.51	\$344.59	\$462.99
45	\$179.12	\$350.66	\$358.25	\$481.21
46	\$186.71	\$364.32	\$371.91	\$499.42
47	\$194.30	\$379.50	\$387.09	\$519.16
48	\$201.89	\$394.68	\$402.27	\$538.89
49	\$209.48	\$409.86	\$417.45	\$560.14
50	\$217.07	\$425.04	\$434.15	\$582.91
51	\$226.18	\$441.74	\$450.85	\$605.68
52	\$235.29	\$459.95	\$469.06	\$628.45
53	\$244.40	\$478.17	\$487.28	\$652.74
54	\$253.51	\$496.39	\$507.01	\$678.55
55	\$262.61	\$516.12	\$526.75	\$704.35
56	\$273.24	\$535.85	\$546.48	\$733.19
57	\$283.87	\$557.11	\$567.73	\$760.52
58	\$294.49	\$578.36	\$590.50	\$790.88
59	\$306.64	\$601.13	\$613.27	\$821.24
60	\$318.78	\$623.90	\$637.56	\$854.63
61	\$330.92	\$648.19	\$661.85	\$888.03
62	\$330.92	\$648.19	\$661.85	\$888.03
63	\$330.92	\$648.19	\$661.85	\$888.03
64	\$330.92	\$648.19	\$661.85	\$888.03
65	\$330.92	\$648.19	\$661.85	\$888.03
>65 Non Medicare Eligible	\$330.92	\$648.19	\$661.85	\$888.03
65+ Medicare Eligible**	\$330.92	\$648.19	\$661.85	\$888.03

**not available to new sales

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

50% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$175.16**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$96.34	-	-	-
6-18 **	\$85.83	\$168.15	\$171.66	\$229.46
19-20	\$127.87	\$248.73	\$253.98	\$341.56
21	\$127.87	\$248.73	\$253.98	\$341.56
22	\$127.87	\$248.73	\$253.98	\$341.56
23	\$127.87	\$248.73	\$253.98	\$341.56
24	\$127.87	\$248.73	\$253.98	\$341.56
25	\$127.87	\$248.73	\$253.98	\$341.56
26	\$127.87	\$248.73	\$253.98	\$341.56
27	\$127.87	\$248.73	\$253.98	\$341.56
28	\$127.87	\$248.73	\$253.98	\$341.56
29	\$127.87	\$248.73	\$253.98	\$341.56
30	\$127.87	\$248.73	\$253.98	\$341.56
31	\$127.87	\$248.73	\$253.98	\$341.56
32	\$127.87	\$248.73	\$253.98	\$341.56
33	\$131.37	\$255.73	\$260.99	\$350.32
34	\$136.62	\$266.24	\$271.50	\$364.33
35	\$141.88	\$276.75	\$282.01	\$378.35
36	\$147.13	\$287.26	\$292.52	\$392.36
37	\$152.39	\$297.77	\$304.78	\$408.12
38	\$157.64	\$310.03	\$317.04	\$423.89
39	\$164.65	\$322.29	\$329.30	\$439.65
40	\$171.66	\$334.56	\$341.56	\$457.17
41	\$176.91	\$348.57	\$355.57	\$474.68
42	\$183.92	\$360.83	\$369.59	\$493.95
43	\$190.92	\$374.84	\$383.60	\$513.22
44	\$199.68	\$390.61	\$397.61	\$534.24
45	\$206.69	\$404.62	\$413.38	\$555.26
46	\$215.45	\$420.38	\$429.14	\$576.28
47	\$224.20	\$437.90	\$446.66	\$599.05
48	\$232.96	\$455.42	\$464.17	\$621.82
49	\$241.72	\$472.93	\$481.69	\$646.34
50	\$250.48	\$490.45	\$500.96	\$672.61
51	\$260.99	\$509.72	\$520.23	\$698.89
52	\$271.50	\$530.73	\$541.24	\$725.16
53	\$282.01	\$551.75	\$562.26	\$753.19
54	\$292.52	\$572.77	\$585.03	\$782.97
55	\$303.03	\$595.54	\$607.81	\$812.74
56	\$315.29	\$618.31	\$630.58	\$846.02
57	\$327.55	\$642.84	\$655.10	\$877.55
58	\$339.81	\$667.36	\$681.37	\$912.58
59	\$353.82	\$693.63	\$707.65	\$947.62
60	\$367.84	\$719.91	\$735.67	\$986.15
61	\$381.85	\$747.93	\$763.70	\$1,024.69
62	\$381.85	\$747.93	\$763.70	\$1,024.69
63	\$381.85	\$747.93	\$763.70	\$1,024.69
64	\$381.85	\$747.93	\$763.70	\$1,024.69
65	\$381.85	\$747.93	\$763.70	\$1,024.69
>65 Non Medicare Eligible	\$381.85	\$747.93	\$763.70	\$1,024.69
65+ Medicare Eligible**	\$381.85	\$747.93	\$763.70	\$1,024.69

****not available to new sales**

CareFirst BlueChoice Inc.
NAIC No. 96202
Individual, non-Medigap Business

District of Columbia - HMO - PPACA
HealthyBlue 3.0 \$5,000 Deductible HSA
Effective 8/1/2012

80% Counter Offer

Core Benefits (Individual)	=	Deductible / OOP Max
In-Network	=	\$5,000 / \$6,050
Out-of-Network	=	\$6,050 / \$6,250
In-Network PCP / Specialist	=	Deductible, then No Charge / Deductible, then \$40 Copay
Core Vision	=	\$10 Copay for Annual Exam

Average Individual Premium = **\$210.19**

<u>Age</u>	<u>Individual</u>	<u>Ind & Child(ren)</u>	<u>Ind & Adult</u>	<u>Family</u>
0-5 **	\$115.60	-	-	-
6-18 **	\$102.99	\$201.78	\$205.99	\$275.35
19-20	\$153.44	\$298.47	\$304.78	\$409.87
21	\$153.44	\$298.47	\$304.78	\$409.87
22	\$153.44	\$298.47	\$304.78	\$409.87
23	\$153.44	\$298.47	\$304.78	\$409.87
24	\$153.44	\$298.47	\$304.78	\$409.87
25	\$153.44	\$298.47	\$304.78	\$409.87
26	\$153.44	\$298.47	\$304.78	\$409.87
27	\$153.44	\$298.47	\$304.78	\$409.87
28	\$153.44	\$298.47	\$304.78	\$409.87
29	\$153.44	\$298.47	\$304.78	\$409.87
30	\$153.44	\$298.47	\$304.78	\$409.87
31	\$153.44	\$298.47	\$304.78	\$409.87
32	\$153.44	\$298.47	\$304.78	\$409.87
33	\$157.64	\$306.88	\$313.18	\$420.38
34	\$163.95	\$319.49	\$325.79	\$437.20
35	\$170.25	\$332.10	\$338.41	\$454.01
36	\$176.56	\$344.71	\$351.02	\$470.83
37	\$182.87	\$357.32	\$365.73	\$489.74
38	\$189.17	\$372.04	\$380.44	\$508.66
39	\$197.58	\$386.75	\$395.16	\$527.58
40	\$205.99	\$401.46	\$409.87	\$548.60
41	\$212.29	\$418.28	\$426.69	\$569.61
42	\$220.70	\$432.99	\$443.50	\$592.74
43	\$229.11	\$449.81	\$460.32	\$615.86
44	\$239.62	\$468.72	\$477.13	\$641.08
45	\$248.02	\$485.54	\$496.05	\$666.30
46	\$258.53	\$504.46	\$514.97	\$691.53
47	\$269.04	\$525.48	\$535.98	\$718.85
48	\$279.55	\$546.49	\$557.00	\$746.17
49	\$290.06	\$567.51	\$578.02	\$775.60
50	\$300.57	\$588.53	\$601.14	\$807.13
51	\$313.18	\$611.65	\$624.26	\$838.66
52	\$325.79	\$636.88	\$649.49	\$870.19
53	\$338.41	\$662.10	\$674.71	\$903.82
54	\$351.02	\$687.32	\$702.03	\$939.55
55	\$363.63	\$714.65	\$729.36	\$975.28
56	\$378.34	\$741.97	\$756.68	\$1,015.22
57	\$393.06	\$771.40	\$786.11	\$1,053.05
58	\$407.77	\$800.82	\$817.64	\$1,095.09
59	\$424.58	\$832.35	\$849.17	\$1,137.13
60	\$441.40	\$863.88	\$882.80	\$1,183.37
61	\$458.21	\$897.51	\$916.43	\$1,229.61
62	\$458.21	\$897.51	\$916.43	\$1,229.61
63	\$458.21	\$897.51	\$916.43	\$1,229.61
64	\$458.21	\$897.51	\$916.43	\$1,229.61
65	\$458.21	\$897.51	\$916.43	\$1,229.61
>65 Non Medicare Eligible	\$458.21	\$897.51	\$916.43	\$1,229.61
65+ Medicare Eligible**	\$458.21	\$897.51	\$916.43	\$1,229.61

**not available to new sales